THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. IX. TORONTO, JULY, 1913. No. 7

Tenth Annual Meeting of the Graduate Nurses' Association of Ontario

Toronto Graduate Nurses' Club, 295 Sherbourne Street

Friday, May 23rd, at 10 o'clock a.m.

The President, Miss Bella Crosby, in the chair.

After the Nurses' Prayer had been offered, the Secretary read the minutes of the last annual meeting. Minutes adopted as read.

The Secretary's report was then read, Miss Pringle moving its adoption, seconded by Miss Eastwood.

SECRETARY'S REPORT.

Madam President and Ladies,—We are glad to welcome the members of the Graduate Nurses' Association of Ontario to this tenth annual meeting, and to our beautiful Nurses' Club House, the headquarters of the association.

During the past year your Executive Committee has held nine regular meetings and one special meeting with an average attendance of ten members. The first subject that engaged the attention of the executive was the regulations under which clause 18 of the Hospital Act was to be operated. This will be reported by the Legislation Committee.

The serious problem presented by the short course schools of nursing is confronting nurses everywhere. That there are three of these in our own province, two of which are in Toronto, demands our serious attention, not only on behalf of the young women who are paying large sums of money for something of very little value, but also on behalf of the public, who have no way of discriminating between the graduate nurse of good standing and the nurse trained in one of these schools. The executive thought it wise to undertake a scheme of advertising, with the object of putting into the hands of young women wishing to study nursing information that would enable them to make a wise choice of a training school. We trust the association will agree with

the decision of the executive and that every member will do everything possible to further this plan. It was further deemed advisable to publish a list of some of the training schools for nurses in connection with hospitals in Ontario for distribution to those seeking this information.

We are glad to be able to report the organization of two Chapters this year—the London Chapter with Miss Read as chairman and the Peterboro Chapter with Miss Mowry as chairman. This makes three Chapters in all.

During the year Miss Crosby, our President, responded to invitations to visit the following Associations: The Alumnae Association of Victoria Hospital, London, Ont.; the Graduate Nurses' Association of Berlin and Waterloo; the Alumnae Association of the Mack Training School, St. Catharines; and the Graduate Nurses of Peterboro, where a Chapter was formed.

Miss Crosby also visited the Hamilton Chapter at its meeting in April.

At all of these meetings a good attendance was reported and a keen interest shown in the work of the Association.

Owing to the need of definite information re the Training Schools of the Province, the Executive thought it wise to appoint a nurse to visit the schools and secure such information. This seemed a wise step as no real progress can be made where definite knowledge is lacking.

In December our Treasurer, Miss L. L. Rogers, because of stress of work, resigned her position. Mrs. Paffard kindly undertook the work for the balance of the year.

It was the privilege of the Executive in October to entertain Miss Jean Sutherland, of New Zealand, who had represented her country at the International Congress of Nurses at Cologne. Miss Sutherland visited different points in Canada on her way home and spent a few days at the Nurses' Club in Toronto. Miss Sutherland could speak with authority about registration of nurses as it has been in force in New Zealand for about two years—neither doctors nor nurses there would go back to the old way.

While we have not accomplished all we had hoped during this year, yet we feel some progress has been made, and we would urge every member to a keen interest in the Association and to the necessity of increasing our membership till it includes every nurse in the Province. Thorough organization means greater strength and efficiency. Let us put forth stronger and more united efforts during this next year to realize the ideals of our Association. We have a paid-up membership of 245. New members received during year, 125.

Respectfully submitted,

INA F. PRINGLE,
Recording Secretary.

Miss Crosby: The report is before you for discussion. It really sums up in brief form the work done by our Executive since our meeting in Hamilton last year.

Are there any questions, suggestions or criticisms? Please feel free to discuss what the Executive has tried to do during the year. I am very glad that there are so many representatives from the different Associations outside Toronto here this morning. In fact, there are more here from outside than from Toronto. We have contingents from Galt, St. Catharines, Hamilton and Peterboro are well represented, beside other parts. I hope you will feel perfectly free to express criticisms or suggestions or ask questions.

There are some very important points mentioned. For instance, the Short Course Schools of Nursing. What do you think of our plan as inaugurated by the Executive to combat this evil?

Miss Eastwood: By these Short Courses you mean Correspondence Courses?

Miss Crosby: They are not all Correspondence Courses, because in Toronto they have classes two or three days in the week, and the pupils can there have theoretical instruction, so that you could scarcely call that a correspondence course.

Miss Eastwood: All schools separate from hospitals.

Miss Crosby: That is the idea, where pupils get no practical instruction in nursing, but have some theoretical training. The two here in Toronto, I might say, emphasize the money making side of it, and the nurse who takes in this Short Course gets her profession in six months or so, and escapes all the drudgery of training in the hospital. They charge a very high fee, as high as $180, for a course in one of these schools.

I might, perhaps, read you the letter which we sent to the different Alumnae Associations. Probably a good many of you are familiar with it. (Reads letter).

Miss Eastwood: How many answers have you got?

Miss Crosby: The Western Hospital Alumnae here replied by contributing $5 to this work, and more as their treasury increased and as the need arose. The St. Catharines Alumnae replied to say that they were placing the advertisements in two of the local papers. St. Michael's Hospital Alumnae of Toronto is inserting the advertisement in "The Catholic Register," which goes not only all over Ontario, but all over Canada, and I have had replies from some of the other Associations stating that the matter was under consideration. We sent copies, somewhat differently worded to suit the Associations, one to the Secretary of the Hospital Association and one to the Secretary of Society of Superintendents of Training Schools for Nurses. The meeting of the latter Association is over. Whether they did anything with this

letter or not we don't know. It was not done in the public meetings. The letter was acknowledged by the Secretary, and the letter to the Secretary of the Hospital Association was acknowledged, who said he would be very pleased to bring the matter before his Board. We would like to know your opinions.

Miss Phillips: Have you had any answers or any questions from the would-be applicants to the training schools? Do you think it has done any practical good yet?

Miss Crosby: The advertisements are only now being inserted; it is too soon. The Executive decided to advertise in the two weekly papers, The Weekly Globe and The Weekly Mail and Empire. These go all over the country, and would probably reach the girls who really need the information we are seeking to supply.

Miss Eastwood: Is the little pamphlet that is to be sent ready yet?

Miss Crosby: No. While this subject has been under discussion for a good while, it seemed difficult to hit upon a plan, and it is only in the last two monthly meetings of the Executive that we have been able to get down to anything definite. It seemed so difficult to know just how to reach these girls, but we were anxious to reach them, and finally this was the plan decided upon.

Mrs. Pafford: As an illustration to those who do not know about the matter, you might mention the case of the woman who appealed to you for help and those who went to Miss Bell.

Miss Crosby: This probably gave point to our deliberations. There was a woman here in Toronto who had been doing practical nursing, and who had been advised by a relative to take some instruction that would make her a more efficient nurse. Probably a course in the Red Cross School of Nursing might help her. He knew nothing about these things, but was anxious to make life a little easier for this woman. She had a sick husband and two small children, and it was absolutely necessary she should do something to earn money. She was rather suspicious, I think, as to whether this was going to be a help or not, and was wise enough to consult her doctor, and he was rather suspicious, too, though he really knew nothing about the Red Cross School, and he referred this lady to Miss Ewing, and Miss Ewing referred her to me. Before she came to see me she went to a lecture at this school, then visited me and asked me some questions. She said, "I went to that lecture; I know the subject was indigestion, but that is all I can tell you about it." There had been no information gleaned from the discussion of the subject at all, a vital subject in which she was particularly interested, because her husband was suffering from this trouble. Then I pointed out to her that she would be simply spending her money and not improving her position or adding greatly to her knowledge, as she had found out. She would not be

justified in assuming responsibility for which she was not at all prepared. She realized this, and said she was very glad to have received the information, and the very fact of having been at one lecture helped to settle the matter for her.

These other two young ladies had gone to the Red Cross School. I think they belonged to Toronto. I think they had paid $45.00 and $25.00, respectively. They began to realize they were not getting the knowledge and training they had expected. They went to interview Miss Bell, of the Toronto Western Hospital, to learn what the training should include. She took the matter up with them, and showed them that they could not get a training in that way, and they are both entering the Western Hospital Training School for Nurses.

These things showed there was a need for something being done. Requests have come, not only from these nurses, but from some in the other cities who have found young women making enquiries of the same sort, so we felt there was a call to do something.

Miss Eastwood: Some little time ago, I think it was last year, there appeared something in the "Globe," which was cut out and sent to me. Some person had evidently written to the paper asking where they should train, and mentioned several hospitals. They were advised to take no steps until they applied to the Superintendent of the Victorian Order of Nurses, Toronto. I thought it was pretty cheeky for them to give me that task. I had several girls apply to me to know what steps they should take, as they wanted to be nurses. I had a nurse from one of these correspondence schools come to me, and she told me she hadn't the time or the money to go on training. It was too expensive. She had already paid $90 for the training she had had, and now she was sadly finding out it was of no use. I am finding that out wherever I go. I thought I would like to know what they offered, and I wrote to ask for their prospectus as if I were a candidate. I got letters and letters, wanting me to join, what was standing in my way, and perhaps they could assist. Finally I got tired of them and wrote telling who I was and what I thought of it. I received a letter back saying they never supposed it was as good as hospital training, but that it was good in its way, and so on. I told them I had met one of their pupils and that she had derived no good from their course, and what I thought of them, taking the money from girls and giving them nothing in return, and besides they could not possibly teach nursing without sick people. (Laughter).

Miss Crosby: That all goes to show that there is a need for this information being supplied.

Miss Smith: Your letter was received in Hamilton, Miss Crosby, but no meetings of our Chapter have since been held. We meet this week.

There was an advertisement in the Hamilton papers, also in the

Globe, in large headlines, appealing to those who intended to take up the profession of nursing, and stating that the Assistant Superintendent in one of the largest hospitals in greater New York would be in our city, and would like to meet the girls. I went, but didn't get much information. Some of the nurses went, pretending they were applicants, and they didn't get much satisfaction; they supposed they did not look favorable in her eyes. However, I have a young secretary in the dispensary, who is hoping to be a nurse, and she had determined to study in the correspondence school, so I thought she would be a very good person to interview this advertiser. She got all the particulars in most glowing terms. This lady was the Assistant Superintendent in a new Jewish hospital in Brooklyn. The probationers were to have a ball every two weeks and all gentlemen friends were to be invited. There was quite a good deal of freedom promised. We found the Superintendent of the hospital had a gread deal of trouble in getting probationers, and as her Assistant Superintendent was a Montreal graduate she was looking up probationers on her way from her holidays.

Miss Phillips: I have been very much surprised to see the reputable journals, like the Ladies' Home Journal and different magazines, advertising these schools. If their attention was called to it, do you not think they would do something about it?

Miss Crosby: We have repeatedly drawn the attention of the Ladies' Home Journal to the fact and told them exactly what a correspondence course meant, and remonstrated with them for publishing such an advertisement, but it has never led to the elimination of the advertisement.

Miss Phillips: These journals profess to investigate those advertisements before they insert them, and guarantee that if people are defrauded they will hold themselves responsible for the return of the money.

I had a somewhat similar experience to Miss Eastwood. I wrote to one of these schools, thinking it would be a course of reading, and I was simply flooded with literature. Finally they got very, very impertinent. The first thing was a request for $60. I saw it wasn't what I wanted so took no further notice. They wrote over and over again, and then accused me of being very discourteous for not answering. I wrote, saying that I had two diplomas, that my idea was simply to take up a reading course, and I thought it was something similar to the Chatauqua course. Then they wrote back saying how much good it would do me. I wrote a sharp letter in reply and took no further notice. I thought then that anyone who did not know the ins and outs could be easily misled. There was nothing to be done till $60 was sent.

Mrs. Paffard: Our Association took up the matter and Miss Brent

had charge of the Ladies' Home Journal part. They were interviewed, but we got no satisfaction at all. They seemed to think that they should never refuse an advertisement. Mr. John Ross Robertson has forbidden his editor to publish any advertisement in connection with these correspondence and short course schools.

Miss Crosby: We have interested the Proprietor of the Telegram and, as Mrs. Pafford has already told you, he has forbidden any advertisements of these schools to appear in his columns, and he has got Dr. Clark of the Toronto General to write some articles. He has already written one editorial which has appeared in the Telegram, and more to follow. More than that, he sent a lady reporter to apply at the Red Cross School and also at the Dominion School of Nursing, so as to get first hand information, and we are expecting a very pithy editorial when the account of her experiences appears. We will see that a copy of that paper is sent to every Association, at any rate.

Delegate: Is there any danger of law suits?

Miss Crosby: That is why we consulted a lawyer, and that was why the Executive took the responsibility of seeing the advertisements were prepared so that none of the Associations would be at all liable.

Of course, we have to be careful in arranging our list. We would call your attention to the list of hospitals that we have prepared. Do you think it is a good plan or otherwise? (Assent).

You will notice that the report also referred to a visitor to the Training Schools to secure information. This is an entirely new venture. A nurse was giving some information about her hospital, and gave us very nearly double the number of beds that are reported in the Government Report. We felt we were moving in the dark. If we had someone to visit the training schools, who would secure information about the teachers and lecturers, and so on, it might enable the Executive to work more intelligently in the reception of members.

Miss Eastwood: I feel if the word "visitor" was put in instead of "inspector," it would make things go more smoothly. The word "inspector" carries authority with it, and the other carries no authority, merely a friendly visit. I have an idea that in some places it might be resented if there was an inspector sent. It is a wrong term. We have not really any right to inspect, but no person would object to a visitor.

Mrs. Paffard: I think that is a good point, and I would like to move that it be taken up by the Executive and arranged for a different wording.

Seconded by Mrs. McConnell. (Carried).

The resolution that the report be adopted was then put to the meeting and was carried unanimously.

The Treasurer's report was then read by Mrs. Paffard.

TREASURER'S REPORT FOR YEAR ENDING MAY 24, 1913.

RECEIPTS.

Balance on hand at beginning of year		$423.43
Fees	$313.00	
Donations	7.75	
Proceeds, calendars sold	45.87	
Proceeds, Florence Nightingale post cards	31.60	
Total receipts for year		398.22
		$821.65

DISBURSEMENTS.

50 per cent. of fees paid Treasurer Hamilton Chapter	$8.50	
50 per cent. of fees paid Treasurer Peterboro Chapter	6.50	
50 per cent. of fees paid Treasurer London Chapter	4.00	
Delegates' expenses, Hamilton Convention	18.30	
Stenographer's expenses and fees	13.95	
Use of Nurses' Club for meetings for year	15.00	
Annual dues, Can. Nat. Assn. Trained Nurses	10.00	
Annual dues, Local Council of Women	2.00	
Subscription, Canadian Magazine	2.50	
Postage	20.65	
Page in "The Canadian Nurse"	25.00	
Printing and stationery	76.50	
Auditor, two audits	5.00	
850 calendar pads	10.75	
1,000 Florence Nightingale post cards	7.50	
Reception Miss Sutherland at Club	4.50	
Annual contribution, support Mrs. McEvoy	30.00	
Total disbursements for year		$260.65
Balance in bank at close of year		561.00
		$821.65

Receipts for year are in excess of payments by $137.57.

(Mrs.) AGNES M. PAFFARD,
Treasurer.

I have examined receipt book stubs, bank book, vouchers and cash book for year ending May 24, 1913, and certify that above statement agrees therewith.

Toronto, May 23, 1913.

T. W. ELLIS,
Auditor.

Moved by Mrs. Paffard, seconded by Mrs. Yorke that this report be adopted. (Carried).

REPORT OF COMMITTEE ON REVISION OF CONSTITUTION AND BY-LAWS.

Madam President and Ladies,—Your committee, in studying the Constitution and By-Laws, felt that Article 3 of the By-Laws should more clearly define the standard the Association wishes its members to maintain. Your committee therefore submits the following change for your consideration and approval:—

Article III.—Members, now reads: All nurses resident in Ontario who have graduated from hospitals in good standing, also from hospitals for the Insane which give a training of two years or over, and graduates of Ontario hospitals, resident elsewhere, shall be eligible for membership, each application to be in writing, signed by the Superintendent of her training school and two members of the Graduate Nurses' Association of Ontario. These applications may be accepted at any regular meeting of the executive committee. Forms of application may be had from the secretary.

Proposed change: Article III.—Members. Nurses resident in Ontario who have graduated from training schools for nurses in connection with hospitals which have at least a monthly average of twenty-five occupied beds, such training schools to give their pupils at least two years' training in general nursing in the hospital, shall be eligible for membership; also graduates of training schools of this standing in Ontario, who are resident elsewhere. These applications may be considered at any regular meeting of the executive, whose decision shall be final.

Respectfully submitted,

JANET G. MCNEILL, Convener.

Miss Eastwood: May I tell why the change was thought proper to be made? We found some schools that were training their pupils outside the hospitals. They were sending some of their nurses out to do private nursing through the early months of their training. We found that some got sufficient probationers because the graduates were received as members of this Association. Nearly all through their course they sent them out to do private nursing.

Miss Crosby: We understood some of those sent out were not six months in the hospital. You see this reads, "Nurses who have graduated from hospitals in good standing." The question was, what hospitals are meant? "Which give a training of two years or over." What kind of a training. We felt we must have something definite, so that there would be no difficulty about the acceptance of applicants. I hope that a number will express opinions about this.

Miss McKenzie: I think that the change should include the number of occupied beds in the hospital.

Miss Crosby: It has, "hospitals which have, at least, a monthly average of 25 occupied beds." While some of the hospitals may have the number of beds required to get the Government grant, very often we find they don't have more than an average of seven, eight or nine patients. That does not give the adequate amount of practical experience that a nurse requires.

Miss McKenzie: Does that mean that those beds must be occupied during the month?

Miss Crosby: That is the monthy average. The hospital that Miss Eastwood referred to in her remarks was using the name, or did use the name of this Association as a means of attracting students to its training school. They had printed on their prospectus that " the graduates of this school are eligible for membership in the Graduate Nurses' Association of Ontario," and the Superintendent told me that until they put that on the prospectus they could not get pupils; since then they got plenty. We don't want the name of this Association to be used in any such way, because a school that exploits its pupils to bring money into the treasury of the hospital is not doing right. We feel we should stand for a high standing, for proper training and for best standards all round.

In the Bill of Registration that was recently passed in Manitoba, those who prepared the Bill asked for a monthly average of 20 occupied beds. In passing through the hands of members of the Legislature the Bill was sadly mutilated, and they cut down that twenty to five. Of course, that very fact showed that the people who were dealing with the matter knew nothing at all about it. Are we doing right in requiring 25 occupied beds, or should we make that number less? (A voice) "No! Keep up the standard."

Delegate: Where I am the Board are not at all pleased with me because I won't send pupils out. If it was included in this that their training had to be in the hospital.

Miss Crosby: You would advise that a caluse be added that schools sending their pupils out to do private nursing will not be eligible for membership?

Delegate: Something to that effect. The training duration is not three years in all hospitals.

Miss Crosby: I think it is three years in the majority of hospitals in Ontario.

Mrs. Paffard: If the point could be brought home to the trustees of these hospitals that their graduates would not be eligible for the Graduate Nurses' Association it might make them realize the nurses' viewpoint—the need of maintaining a high standard.

Miss Crosby: We don't want the training to be given outside, that is the idea.

Delegate: Suggested that, in a community where there was only one hospital, it might be a great advantage to the community to have the nurse go among them during her third year, provided she had faithfully served her two years in the hospital. Also that the hospital should not be allowed to receive any money for the services of such nurse.

Delegate: That would be more in the way of district nursing. The danger comes in allowing nurses to go out to do private nursing for which the hospitals are paid. If money were not paid it would be for the sake of the nurse and not for the sake of the hospital.

Mrs. Paffard: The great trouble is you are sending an undergraduate to do private nursing.

Miss Crosby: And she is away from supervision. Is the Board right in sending a pupil out and putting her in a place of responsibility when she is not really a graduate nurse and in a position to assume that responsibility? This subject was discussed at the Superintendents' meeting, and all who spoke expressed the opinion, but one, that the nurse should receive her training in the school, under the direct supervision of the Superintendent of Nurses, and the exception was, I might say, this Superintendent whose school we had under consideration when we were trying to make this clause more definite.

Miss Smith: Have "in the hospital" changed to "within and under the direct supervision of the Superintendent of Nurses."

Miss Smith moved the above as an amendment, and this was seconded by Mrs. Clutterbuck.

Mrs. Paffard: May I move an amendment to that amendment? Let a resolution be passed by this Association to the effect that no pupil nurse be sent out from a hospital having either a two or three year course. We cannot support undergraduates going out.

Miss Dyke: If it is impossible to safeguard the work of nurses outside the hospital in the third year, could it not be "such training schools to give their pupils a training in general nursing within the hospital throughout the course of training?

This was moved by Miss Dyke, seconded by Miss Sadler.

Miss Crosby: The last amendment revises the eligilibity clause to read as follows:

Nurses resident in Ontario who have graduated from training schools for nurses in connection with hospitals which have at least a monthly average of 25 occupied beds, such training schools to give their pupils a training in general nursing within the hospital throughout the period of the training and such curriculum to cover a period of not less than two years, shall be eligible for membership; also graduates of training schools of this standing who are resident elsewhere.

These applications may be considered at any regular meeting of the Executive, whose decision shall be final.

This covers the ground very completely, and really includes what Miss Smith meant in her amendment.

Motion carried.

Report of Committee on Legislation, read by Mrs. Paffard, who moved its adoption, seconded by Mrs. Clutterbuck. Carried.

REPORT OF LEGISLATION COMMITTEE

Madam President and Ladies,—As convener of the Legislation Committee, it devolves upon me to make a report of our work during the past year. While no one can regret more than your committee does that we have not yet secured legislative recognition of the profession, with a uniform curriculum of all training schools, I can assure you that we have not been idle.

The intimation that the government might take some action in the direction we have been urging, naturally prevented us from doing other than press our recommendations in the proper quarter. This was done with some vigor, and while the amendment to clause 18 of the Hospital Act passed by the House in 1912 does not by any means meet our requirements, yet I think it indicates that "the powers that be" are thinking in the right direction.

May I plead for more interest on the part of our members, consequently more members and more influence to support our future efforts to secure our aims in this matter.

Respectfully submitted,

AGNES M. PAFFARD.

Miss Crosby: We all regret exceedingly that the matter has not made better progress, but it seemed utterly impossible to get regulations arranged that would really regulate, when clause 18 has no standard in it. It just means writing your name in a register and paying a fee. We want a certain education as a basis for our registration. That clause makes it possible for you to register and call yourself a registered nurse, but it does not make it impossible for anybody to do that. The "R.N." is not protected.

You will be very glad to know that a fairly good Bill has been passed in Manitoba, by the Manitoba Graduate Nurses' Association. While they have not got everything that they wanted, they have University recognition. (Applause.) The arrangement of the curriculum is in the hands of the University. The nurses there feel that the Bill can be improved as time goes on.

Report adopted.

Report of the Chapters.

Miss Crosby: We are very glad that we have three Chapters from

which to hear this year. You heard from the first Chapter a year ago, and I am sure they will be able to give a very good account of the year that is past. We will ask Miss Smith to give us a report of the Hamilton Chapter.

Miss Smith: All I can say is that we last year arranged a programme of meetings for the year, had lectures from different doctors and had joint-meetings with the Alumnae Association, but we have made no general movements in Hamilton. We tried to do so. There has also been some co-operation among the nurses doing Social Service Work, and we are to have a talk from the nurses doing this line of work at the meeting next month.

Miss Crosby: On one of my visits to an outside city, a nurse informed me that she had received a letter from a Hamilton nurse which said, "I am really compelled to take an interest in the Graduate Nurses' Association. The nurses here are so enthusiastic that I am like a ship without a rudder if I don't belong to it."

The Chapter in London was organized last autumn. As there is no representative present this morning, we will, perhaps, hear from this Chapter later.

Miss Mowry (Peterborough): We are such a young Chapter; we only had our first meeting last month. We had fourteen graduates present. We expect five more. We find a good deal of enthusiasm and hope to do great things.

Miss Crosby: At the last Executive Meeting we had twelve applications from this Chapter to consider. You can imagine from that that, if the Chapter is very young, it has not been idle.

Miss Mowry: I think we will have every graduate in Peterborough during the next few weeks. (Applause.)

REPORT OF ELECTIONS.

President—Miss Bella Crosby.

First Vice-President—Mrs. W. S. Tilley.

Second Vice-President—Miss Edith A. Read.

Recording Secretary—Miss Ina F. Pringle.

Corresponding Secretary—Miss Jessie Cooper.

Treasurer—Miss Julia F. Stewart, 12 Selby St., Toronto.

Directors—Miss L. L. Rogers, Mrs. Paffard, Miss Mathieson, Mrs. Mill Pellatt, Miss M. Ewing, Miss Eastwood, Mrs. Clutterbuck, Miss Wardell, Miss Dyke, Mrs. Yorke, Miss Rowan, Mrs. MacConnell, Miss Gray, Miss McNeil, Miss De Vellin, Miss Norris.

Miss Crosby: It seems rather too bad that so many of the members do not make use of their privilege of voting on the officers and members of the Executive Board. Some of the members who really are

too far away to know anything about the people whose names appear on the ballot paper have told me that they found it very difficult to vote intelligently, and for that reason some of them felt they would rather not vote at all. You see 245 ballot papers were sent out. That meant we had 245 paid-up members. At the Annual Meeting last year we had 278 paid-up members, and you will notice in the report that we received 125 members during the year. That tells a story. Our members are dropping out almost faster than we get them in. There should not be this lack of interest in the Provincial Association of Ontario. For this year that is coming I would like every member to interest someone else. The Chapters are doing splendid work in interesting the nurses in the centres in which the Chapters have been organized. The Alumnae Associations can do something to interest the nurses in the Provincial Association. The questions that come before us are of vast importance to the profession. For instance, the question of legislation is one upon which we must have our nurses all interested. I would like very much if our different Associations during this coming year would make legislation one of their particular studies, gather together all the knowledge possible on this question, read the Bills that have been passed in the different countries where Bills are law, and as far as you can study the results of education. They have had registration of nurses in New Zealand for over ten years. Find out what it has done for them. Make yourself conversant with all the information that you can possibly obtain regarding this question, and when the opportunity presents itself to discuss the question of legislation with someone who has an influence in the making of our laws you will be able to do it intelligently, and have some influence in directing efforts in the right direction.

There is one thing more I would like the members of this Association to have a particular interest in, and I speak now as the President of the Graduate Nurses' Association of Ontario. Every member of our Association should take a greater interest in "The Canadian Nurse." We do not support it as we ought. Some say, and the criticisms come from different directions, that our Journal is so much inferior to the "American Journal of Nursing." The American Nurses have put thousands of dollars into their Journal and a great many nurses in Canada have not put a dollar in "The Canadian Nurse." Unless we try to improve it, we cannot expect it shall be improved. These two things, education on registration lines and the support of the journal, we should keep before us during the year upon which we are entering.

Another thing I would like to mention is that, unless we put forth a special effort to get every graduate nurse in Ontario to become a member of our Association during this next year, we will not be a

body to be reckoned with and cannot wield very much influence. When we say, "We want registration," the question would naturally come, "How many of you want it?" To be able to reply, "Here is a body that comprises every graduate nurse in Ontario; we can speak with authority; this question has been taken up generally by the nurses, who realize the need of it," would be a powerful factor in securing for us the legislation we desire. If we try to keep ourselves wide awake along all these lines, our Association will accomplish more work and live up to its ideals a little more thoroughly.

Report of Delegates to the Canadian National Association of Trained Nurses.

Miss Crosby: We had hoped to be able to have the reports of the delegates to the Canadian Asociation of Trained Nurses. Perhaps Miss Dyke would tell us something about the afternoon Session.

Miss Dyke: I expected Miss McNeill would be here to report the morning session. My report should follow hers.

Miss Crosby: Perhaps it would be well to postpone the whole report. The question in the evening was entirely separate from the morning or afternoon sessions. Perhaps we might take that up now. Mrs. Pafford will give us a report.

Mrs. Pafford: As the reports of the National Association are to be published, and as every member will in all probability get a copy of the report, you will have a much better idea from that than from anything I could give you.

REPORT OF THE EVENING MEETING OF THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES, HELD IN BERLIN, MAY 21, 1913.

The evening session opened with the subject—Four of the Phases of a "Registration Bill."

I. "The Educational Requirements for Admission into Training Schools." This paper was ably handled by Miss Scott, of New Westminster, B.C., and read by Miss McNeil, of Toronto, and the discussion following was well expressed in a concise form by Miss Kirke, of Halifax.

II. "The Appointment, Personnel and Duties of the Council" was well set forth in a paper by Miss Corbett, of Montreal, which was read by Miss DesBrisay, of Montreal.

III. "Terms of Transfer." Miss Henry, representative of the Toronto General Hospital Alumnae Association, read a paper on this phase which was written by Miss Neilson, of Toronto.

IV. "The Curriculum." This paper, written by Miss Bowman, of Portage la Prairie, and read by Miss Neelin, of Fergus, was most

interesting and the discussion following was ably handled by Miss Crosby, of Toronto.

The meeting closed after much discussion with a report of the Dominion Registration Committee.

The announcement that the next meeting would be held in Halifax, N.S., was made, the date to be settled later. Then followed resolutions expressing the appreciation of the association for the hospitality extended. A. M. PAFFARD.

Meeting adjourned, and the members and visitors were invited to remain for luncheon at the club.

The Residence, Hospital for Sick Children.
Two o'clock p.m. Friday, May 23rd, 1913.
The President, Miss Crosby, in the Chair.

THE VALUE OF A CHAPTER

Miss Deyman, Hamilton

Madame President and Ladies: The Hamilton Chapter of the Graduate Nurses' Association was started in February, 1912. At this time there was an invitation sent to eighty-two nurses. About thirty-five came, and as it was the month of February we thought it was a very good meeting. A discussion as to the advisability of organization, and as to whether the society should be a local one or a chapter, took place. The latter was decided upon, because we already had a nucleus of about thirty members to start it, and it was the thought of our President that we would have the advantage of studying local conditions and have a great organization to fall back upon. One of the results has been the co-operative spirit promoted among the members. Already a movement is on foot to organize a greater co-operative body. A programme has been pretty well adhered to with two exceptions, and the average attendance at each meeting was fifteen. We had fifty members to start with, and I am sure we have now seventy-five, possibly every nurse in Hamilton, with the exception of a few who are married and have not kept in touch with the work for some time. I think these are the only nurses residing in the city who are not members of the organization.

The Province of Ontario has more nurses than the other Provinces, consequently it is to this Province that all the other Provinces of the Dominion must look for an example. I would like to say to the representative of every city, "Go home and start a Chapter." Toronto, we know, is the centre and must do a great deal of the work, but if they are to find their great power they must find it not here but in the Chapters that will be organized all over Ontario. (Loud applause.)

Visiting Nursing, Miss Long, St. Elizabeth Visiting Nurses' Association, Toronto. Paper read by Miss Kelly.

DISTRICT NURSING.

After an experience of four years in that particular branch of nursing, known as district or visiting nursing, it has become impressed upon me that in no other branch of the profession does the nurse come so closely in contact with the seamy side of life. One gets into such absolutely close touch with one's fellow beings that not a day passes without an opportunity of presenting itself to the nurse to be of some benefit to an afflicted fellow-creature.

Perhaps it may be a mother to be helped over some crisis, a new life unfolding, or an accident case, and to the nurse is left the task of mitigating suffering, comforting a sorrowing heart, or may be helping a soul make ready for the last long journey.

The work of a District Nurse is multifarious, for often when one may anticipate a day of less activity than usual it will so happen that before nightfall every hour will be brimful of work and occupation. It is thus that an immense field of activity is opened up to the nurse if she responds generously to the varied calls made upon her.

Then again there is much to try the patience and warp the temper, for instance, often emergency calls will be sent in which, upon investigation, are found to be simply a demand for food or clothing, as in many cases sickness is quite unknown to the person sending in the call and it is thus that a nurse hurriedly responding to such a call, finds it hard to control her patience. Oftentimes there is a humorous side to district work, for example, one day a nurse in going her rounds was frantically appealed to from a doorway by an almost hysterical woman, hastily responding she found that a too frolicksome puppy had become entangled in the wheel of a sewing machine, to the woman's tearful entreaty of "Oh, dear, nurse help me," she proceeded to extricate a tiny yelping canine, none the worse for his unique experience, he gleefully wagged his tail and in puppy dialect tried to express his thanks.

Again, one travels blocks to give a prescribed treatment. The door is opened by the patient, who has acquired sufficient strength to get up and dress rather than submit to the sponge bath ordered by the doctor. But despite everything, when the working day is finished and night comes, although you may be a wee bit weary, you still can feel that your work is a ministry, and that you are not here to be ministered to, but to help God's afflicted ones and tread in the footsteps of the Master who "Healed the sick."

It is thus, that the beauty of service lies in giving freely of our services, doing with our might what our hands find to do and in the end may the "District Nurse" be worthy to have it said of her:

"Thou hast bravely done thy part,
Noble mind and tender heart,

Sown, that other hands might reap,
Watched, that other eyes might sleep,
And what ever cares oppressed,
Toiled, that others might have rest,
Sorrow, bore a passport free,
To thy ready charity,
Angels have recorded true,
Kindly deeds, no mortal knew."

Miss Crosby: The St. Elizabeth Association was organized four years ago in Toronto, and this paper gives us some idea of the work that is carried on by that Association. They have accomplished a very great deal.

We have looked forward for a long time to having Miss Crandall, of New York, speak to us on this very important subject—The Nurses Part in the Promotion of Public Health. It gives me great pleasure to introduce her to you this afternoon. Miss Crandall is the Executive Secretary of the National Organization for Public Health Nursing for the United States. This National Organization, I think, was organized a year ago; they have outlined great things, and we look forward with a great deal of pleasure to Miss Crandall's address.

Madame President and members of the Graduate Nurses' Association of Ontario.

I assure you I have quite as much pleasure in meeting you. I have waited a good many years to do so and have an added pleasure in coming to this home and Hospital, which are, I think, as famous in the United States as in your own Dominion.

THE NURSES' PART IN THE PROMOTION OF PUBLIC HEALTH.

It seems to me not too much to say that the relation of the nurse to the public health campaign is just as close and just as vital as that of the private duty nurse to her patient and physician. It is only an enlargement of that relation. Instead of the individual physician, patient and nurse, it is the nursing profession, the public and the medical profession. While this idea is new to some, it would be an absurdity to claim that we have any ideas about it with which you are not familiar, because, in reality, the work of public health nursing has been much better organized in England and Canada than in the United States until within the past year. Even now our effort to standardize and organize our work is so new that we have little to report. However, I shall be glad to discuss this interesting subject with you.

It is pleasant to remind ourselves in these days, when our right to call our service a profession is somewhat contested, that at least its rep-

resents one of the oldest arts known to women. In the primitive days of society, before there was any medical profession, before there were any hospitals, our mothers were caretakers of the sick members of their families as truly as they were home-makers; and their ideals tnd traditions of nursing have been handed down age after age, generation after generation. As society became somewhat more organized, we find not only the mothers, but other women, going outside their own homes to care for the sick and wounded. Later the nursing orders, such as those of St. Francis of Assisi and St. Vincent de Paul and the Beguine Sisters of Flanders came into existence and spread all over Southern and Central Europe. Still later, with the establishment of the Order of Deaconesses at Kaiserwerth, we note the first attempt to prepare women for this service by systematic training.

Since that time we have talked about the training of nurses. During the past decade this public health campaign, together with other influences, seems to have brought us to a new epoch in our development. A larger word is needed, and that is education; for a nurse, who has been thoroughly trained technically, has not received sufficient preparation to meet the demands that are being made upon her as a public health nurse.

Just a glance at the comparative development of what has been known in England and Canada as "district nursing" but as "visiting nursing" in the United States. As you well know, the Jubilee Institute in England was built upon the splendid foundation of adequate supervision. While its directors were so far-sighted and liberal as not to demand amalgamation, but provided for affiliation, of existing societies, they did establish that one common requirement of adequate supervision. This resulted in uniformity of standards and, pretty nearly, uniformity of methods, and within a very few years the affiliated societies themselves asked for amalgamation. Following this example, and growing out of it, came your own Victorian Order, built in large part on the same plan, having the stimulus of a national scope, a central government, common standards and unified aims. This stimulus the nurses in the United States have not had until last June.

The few scattered associations established earlier than 1893 struggled in their effort to maintain district nursing without that measure of success which is indicated by normal growth. Possibly this was due to the fact that their primary object was a religious or missionary one rather than a nursing enterprise. Therefore, it is not to be wondered at that in 1901 we had only 53 organizations and 156 members. However, with the development of the public health campaign, which began about a decade ago, there has been such a demand for public health nurses, that in 1909 we had not 53 but 556 organizations, and not 156 nurses, but something over 1,400; and in 1912, when we established

the National Organization we had 1,902 associations, and over 2,000 nurses.

Moreover, we had not only grown in numbers, but in varieties of activity, and herein lies the raison d'être of the term "Public Health Nurse." We have chosen it because district and visiting nursing no longer fully represent our work.

Fifty years ago it was rather generally conceded that there were only two causes of misery in the world: one was poverty and the other was drink; and practically speaking, all agreed that poverty was inevitable and drink incurable. Therefore, there was little to do but to relieve, as far as possible, the misery of each individual and pass on to the next. The development of science, however, has discovered many causes of misery, and pointed out many remedies. Consequently a public health nurse or any person interested in the great campaign of public health to-day, not only tries to relieve the suffering of the individual as far as possible, but to prevent its recurrence by removing the cause. This she undertakes to do through propaganda of education. Whereas it has always been true of the visiting nurse that she had been in large part a teacher, it is not too much to say that now teaching has become the primary object of her work—it is the keynote.

I would not be misunderstood here. I stand with the group of women who hold tenaciously to the value of clinical service: i.e., the practical demonstration of the lesson we would teach, and to the belief that mere words on the part of the visiting nurse make her only another publicity agent, and do not create and keep that exquisitely close, vital relationship with the patient and household that comes through the nursing care which she renders in that home—a care readily interpreted by the most ignorant and even suspicious people in terms of friendship.

Whereas science has pointed out many causes and many remedies, science alone, as studied in the laboratory, is of little or no value to the masses of our people. It does not increase the public intelligence except as it is translated into the simplest and plainest words. All the laboratory study in the world in connection with the composition of air will be of little value in improving living conditions, until it is made practical through application to the ventilation of the home or workshop.

Therefore, we must look for an interpreter of science. This is the most important rôle, perhaps, that the public health nurse is to play, and indeed is playing, in the public health campaign. She is an interpreter of science to her people. More than that, she is an interpreter of her people and their needs to law makers and to others of political influence. In both of these she has a tremendous opportunity and, therefore, proportionate obligation to render a national service. This fact has been appreciated by the English nurses far more than by us. The English journals of nursing contain frequent comments on current legis-

lation, favorable or adverse according to the anticipated effects of pending or recent enactments; an evidence that the nurses consider themselves as truly public servants as the legislators.

It has been most gratifying to us to have men like Dr. C. E. A. Winslow say publicly many times that the visiting nurse is the strategic point in the public health campaign. It is equally so to have Dr. Jacobi, of New York, and Dr. Welsh, of Johns Hopkins University, say to representatives of the International Congress on Hygiene and Demography, that the most distinctive service in public health which America is rendering to the world to-day is that of the visiting nurse.

If such statements from men of recognized authority representing statisticians, sanitarians, physicians and social workers are to be regarded as the index of the public's estimate of the nurse's opportunity, it is high time that we wake up to the realization of its significance.

The call is a noble one. Why have nurses not been as responsive to it and as ready to take the lead in this public health movement as their fellow laborers, the social workers?

In the first place, it must be granted that the rank and file of our women have a limited educational background compared with that of the social workers. When I say "social worker," I mean those lay-women, very largely college graduates, who have not been willing to enter the nursing profession and endure the grind of three long years, but in eight months' study, together with some little practice, have found an attractive field in what we are now calling "social service."

In making this comparison, the fact must not be overlooked that the demand for nurses in the last twenty-five years has been so increasingly great as to practically force the training schools to accept women of meager qualifications as well as those representing the real standards of the profession, while the profession of the social worker is so new that it has as yet attracted only the best prepared women.

Furthermore, in our training schools there has been a time-honored tradition that our women owe unquestioning obedience to the physician. Any other relation has been regarded as quite unethical. It is no less unethical to-day to question the physician in his practice of medicine. On the other hand, formerly the clinical examination, which the physician alone was capable of making, determined his diagnosis and treatment; now it is well recognized that the final cause of disease lies not alone within the patient, but largely in his social, economic and industrial environment. Therefore, the physician must call to his aid the social diagnostician. The exponent of this very new profession must bring to the physician expert information and advice regarding the condition in which the patient lives and works. The physician is glad and eager to receive this aid from the lay worker, yet, strange to say, one of the little contradictions growing out of his habit of thought—he

is not as ready to accept the same help from the nurse. He fears that she is going to trespass on his medical prerogatives. We have helped to build up that prejudice, and we must tactfully, courteously, patiently help to tear it down far enough to convince the physician that the nurse is a better adviser to him than the law worker, who has not had a nurse's training.

This is no depreciation of the lay social worker. They themselves are saying constantly, "We are at a disadvantage every hour of the day for the lack of your training," and some of them are urging us to provide a post-graduate course in nursing adapted to their needs. So far we have not come to any agreement regarding such a course, but it is to be hoped that we may do so in the near future.

Dr. Richard Cabot said not long ago that we would never come to a perfectly harmonious relation between the lay social worker and the nurse until the two are one. That is what we hope to see accomplished when our training schools shall have reached the point of giving credit for the social training which the lay social worker has had, and the colleges give recognition to the training which the nurse has had. Then we may have social nurses and lay social workers, each with approximately the same preparation. Naturally, the social worker's training will emphasize social aspects, and the nurse's training, health aspects. In practice the one will give primary consideration to social adjustments, the other to hygiene and sanitation.

It must be granted that the many specialized forms of public health activities in which a nurse is now engaged make a strong appeal for the reorganization of her training.

First among these is the anti-tuberculosis movement. It has blazed the trail for others of a similar character, because it pointed out so convincingly the social significanse of disease. It has long since developed into a well-organized, world-wide campaign. The public mind and conscience have become so aroused to its ravages that many municipal and state departments of health have assumed the responsibility of its control, and at least one large insurance company has developed a programme of education and prevention.

Following closely upon the tuberculosis campaign, and probably equal to it in numbers of workers, is that of school nursing. Some of our thoughtful people regard this as the most significant feature of all public health nursing for the future, because it presents the largest possibilities. It is interesting to recall that when the idea of school nursing was first suggested to the Department of Health in New York City, nothing more was thought of or desired than to detect, as early as possible, the symptoms of contagious diseases. It very soon became evident, however, that the detection of such symptoms was a mere incident in the day's work of the nurse. What was found were many forms of

physical defects; of eyes, ears and spines; adenoid growths and minor skin diseases, etc., etc. Consequently the staff grew from one to approximately 350 nurses within five years.

Naturally, intelligent, thoughtful and earnest people observing these enormous records of physical defects, raised the question: "Why wait until the child is of school age, before we begin to look for these conditions? Why let him suffer such handicap for six years?" Out of these inquiries grew infant welfare work, which in many places has become an integral part of school nursing, and in others is closely affiliated with it.

Soon, however, the workers realized they could not go far in the study and care of infants without taking into account the condition of mothers during and after pregnancy. Thus prenatal work developed, which in some cities, is an adjunct of infant welfare work, and, indeed, should never be otherwise. We are taking care of the mothers because we must, if we are going to protect the infants, which are the nation's greatest asset. In recognition of this fact, we find in Germany, England and France laws governing the suspension of labor of women immediately before and after confinement and providing pensions, or their equivalent, during that period.

Industrial welfare work is growing in favor as it becomes more a business and less a philanthropy, a new note which has been clearly set forth in the statement of the Welfare Department of the National Civic Federation. The Federation has also declared quite recently that nurses are the most effective welfare workers. The latest innovation in this field is that one of New York's largest hotels has employed a nurse to care for the well-being of its employees.

Hospital social service has grown so fast that it is impossible to meet the demand for workers. This is not surprising for it has a distinctly humanizing influence on the institution, which makes a strong appeal to the public. As a superintendent of a training school and hospital for many years, I should resent in a moment any suggestion that our institutions were not formerly humane in the care of their patients; but I am sure you will agree with me that it does make a difference in the atmosphere of our wards whether we speak of a patient as a "case," or whether we say: "Mr. Smith, whose family lives in a dark basement at 25 Brown street, has been engaged in delivering ice. He is suffering from inflammatory rheumatism, and whatever the cause it is surely inadvisable for him to return to his former home or occupation. Therefore, while he is recovering, we shall try to secure other quarters and employment for him."

Hospital social service regards the patient not as an isolated individual in a hospital ward, but it sees him as a member of society; it

places him in his relation to his family. In other words, it helps us to understand that the family and not the individual is the social unit. Here lies the line of cleavage that has so long divided the nurse from the social unit. We are only beginning to realize that we cannot detach and treat one member of a family, even when his recovery depends on his getting proper food, properly prepared, on adequate light and ventilation, and on an occupation in keeping with his physical powers. He is the primary object of our care, but his family problem (for there is almost sure to be one) must also be cured; and sometimes it is difficult to reconcile the two.

The hospitals are saying, "Why should we render this expensive service to the patient for two or three weeks or more, and then send him back to the same conditions that have produced his disease and will produce it again? Isn't it economy to remove the cause while mending the effect?" Hospital social service seems to have come in answer to pertinent question. It is inevitable; it cannot be stayed; and it is reasonable to believe that it will eventually effect a considerable reorganization of our hospitals and dispensaries.

Dr. Edward T. Devine, in his book, "Misery and Its Causes," says that nearly 75 per cent. of the cases of poverty have their origin in illness. If this be true, how closely is the work of the health and the relief agent allied! The nurse is the logical medical relief agent, because of her nurse training. On the other hand, the trained relief agent of to-day has a background of scientific constructive relief. Both are essential to effective work. The nurse has carried the traditions of the hospital into the home. She has seen the sick person suffering for want of food, and she has not inquired whether a dereliet father might be compelled to provide it; but she has asked the relief agency to do so. Invariably she has been told: "We shall not give relief until we are sure the family cannot provide for themselves." That is to say, the passing physical need of an individual must not supersede the permanent social good of the family. It is true that the nurse must be trained in social science and relief; on the other hand, we hope the relief agent may come to understand that he is making a mistake when, for instance, he fails to recognize that he is adding another dependent to the already overwhelming number by refusing, because some member of the family is on a strike, to give milk to a child suffering from inflammatory rheumatism. There are indications that point to the development of medical departments of charity organization societies to which may be referred all problems involving medical care. Such a plan could not fail to add great value to the present system.

Dr. Winslow and others say that women make better sanitary inspectors of houses than men, and nurses are better than other women, because of their general training. Sanitary inspection, as such, is as

yet a new activity of the public health nurse in cities and large towns. It is, however, as much a part of her work in villages and rural districts as the actual nursing care. In the latter communities she must be a sanitary inspector, since there is usually no other. She visits many families whose barns are on higher ground than the house and the drainage runs directly toward the well. Screened privy vaults are quite unknown in many localities and the production of clean milk is only necessary for market. Of its value to his own family the average farmer has yet to be convinced.

In striking contrast to all of these highly specialized activities, a unique law has just been passed in New York State, although it has not gone into effect. Governor Sulzer, acting upon the recommendations of prominent health and social workers, appointed a special commission to study the problem of public health for the State. Miss Nutting was the only woman placed on that commission, and it was to her vision and practical sense combined that the State has written upon its statutes an act whereby every city, county, village or town may employ trained nurses for infant welfare, school, tuberculosis and to visit the sick. The service of these women will not be confined to care of tuberculosis patients, nor infants, nor school children, nor any special group of people, which, up to this time, may have been cared for at public expense, but will be free to all sick people. This act has been greatly strengthened by the addition of a Bureau of Public Health Nursing to the State Department of Health. The significance of this new law cannot be fully realized, but it points to public care of all sick persons wherever needed.

In addition to and as an inseparable part of all these activities there is another national service remaining for nurses to render. It is the gathering and recording of vital statistics. Up to this time the nurses have groaned when records were mentioned, and I do not blame them, for we have gathered such useless records. For example, we have invariably reported the occupation of our patient, but we have not indicated how many hours he worked and whether by day or night, whereas in either or both of these facts, rather than in the occupation itself, may lie the secret of his condition. Now, however, not only statisticians, but sanitarians, physicians and social workers are calling upon nurses to aid in this most fundamental basis of all effective service to society.

It is reasonable that they should do so, because it is a well-known fact that nurses hold a unique relation in the homes. The friendship and confidence of the people are theirs. Therefore, they can gather truthful information almost without questions, and often without the consciousness of their patient or his family. If nurses will rise to this great opportunity to serve the present and the future, they will tremendously dignify their work.

If, as we have already pointed out, nurses are, and are to be, the "strategic object" in all these big movements toward better standards of personal and public health; and if our training and its traditions have rather hindered than helped us to meet them, how are we going to prepare ourselves for this great new field of labor?

Our training schools have developed a splendid technique. We have just reason to be proud of them, and up to the past decade they have practically fulfilled their requirements, but with the demand for public health nurses, a new obligation has arisen. It would be unreasonable, with present provisions in our training schools to ask the superintendents to provide a thorough training in this branch of nursing which would require the students to work outside the wards of the hospital. The training schools are under the control of and maintained by the hospitals to which they are attached. The latter, almost without exception, are hard pressed to meet their financial burdens. They depend on the free labor of the students to nurse their patients. If asked by the superintendents of the training schools to provide board and room for several extra students each year, who wished to specialize in public health work, the hospital management would, in nearly every instance, refuse to do so because of the additional expense. On the other hand, if the training school superintendent is permitted to detail to practice in district nursing a given number from her regular quota of students—and this is done in a number of schools—one inevitable result follows.

The standard of work in the hospital wards is lowered in direct proportion to the reduction in the number of workers. Admitting, as we must, though with sorrow, that the best of training schools cannot boast of altogether desirable standards, and that most of them are deplorably below a thoroughly creditable rating, it is manifestly undesirable to further depreciate their credit, either by affording less care to the patients or by requiring more work of those already overworked nurses who remain within the hospital. It is perfectly apparent, therefore, that we cannot hope to prepare nurses for public health service during their term of training until it becomes possible to completely reorganize our training schools on the basis of an educational institution, in which the education of the student can and shall have first consideration. This can only be realized when the hospitals pay for nursing care as they do for all other services pertaining to the maintenence of the institution—and this dream will not be realized till the public has been sufficiently convinced of its importance to grant the enormously increased cost of maintenance of its institutions for the care of the sick.

Such a revolution is bound to come slowly, but when it does arrive, it is to be hoped that we shall so enlarge our curricula as to allow students to specialize in their senior year and receive a diploma represent-

ing the special branch which they have elected, such as administration of hospitals, of training schools, teaching, or public health nursing.

We must, therefore, look to post-graduate schools to meet, even in some small measure, the present need. There are now in the United States four such courses in public health nursing. The most complete one is that offered by the Department of Nursing and Health at Teachers' College, Columbia University, which was endowed by Mrs. Helen Hartley Jenkins in 1910. The others are provided by the Visiting Nurse Associations of Cleveland, Boston and Philadelphia. In each instance the association has most wisely affiliated with either a local university or school of philanthropy, and has thereby insured a suitable balance in the technical, social and educational aspects of the course presented. This association, with the higher institutions of learning augurs well for the future. It gives promise of the realization of our hope that ultimately nurses may receive the more liberal education which they so much need.

Some of the studies pursued at Teachers' College, in addition to the more technical ones, are the elements of psychlogy, sociology and economics, food economics and nutrition, municipal sanitation, the basis of social legislation (which deals largely with vital statistics), the principles and methods of constructive relief. The students have opportunity for observation and practice in the districts of the Henry Street Settlement and of the Charity Organization Society and of the Department of Health.

It is the purpose of the National Organization for Public Health Nursing to encourage the establishment of a limited number of carefully distributed post-graduate schools. It also plans to extend its educational influence through the circulation of its publication, called "The Public Health Nurse Quarterly," and the occasional free distribution of bulletins. The latter will generally furnish the nurses in the field with information on technical subjects which they need for educational use in the homes in more simple form than can be derived from text-books.

The organization has adopted standards for individual and corporate membersship which are as follows:—

Any nurse is eligible for individual active membership who is:—

a. A graduate of a hospital of recognized standing, having not less than 50 beds at the time of graduation, and giving at least a two years' course in general medical and surgical training, including obstetrics.

b. Actively engaged in public health nursing at the time of applying for membership.

c. A registered nurse, if nursing in States where registration obtains.

d. A member of the American Nurses' Association, which she may become by virtue of membership either in her State, hospital alumnae, county, or other local association, providing it is itself a member of the American Nurses' Associaton.

Any assocation is eligible for corporate membership if—

a. Seventy-five per cent. of its nurses are eligible for individual active membership, according to the above regulations and on condition that—

b. One hundred per cent. shall become so within five years after June, 1912.

Up to this time we have had no recognized standards in the United States, but now the National Organization for Public Health Nursing, the Red Cross Enrollment and the Red Cross Rural Nursing Service, all national bodies, have adopted the foregoing requirements.

The Organization hopes also to improve the standards of work by the provision of adequate supervision, by encouraging the adoption of the fee system in place of free service, by the development and adoption of uniform record blanks, and by the furtherance of all means of effective co-operation.

It hopes to become a successful interpreter of public health nursing to the general public. Nurses have rarely recognized the importance of taking the laity into their confidence. They have rather assumed that theirs was a service in which only the elect might enroll. The National Organization is proud of the fact that it has provided for associate membership as follows:—

> "Any individual not a nurse, or any nurse not actively engaged in public health nursing, or any nurse not eligible for individual membership shall be eligible for associate membership, which shall entitle them to the full privileges of speech and discussion at the meeting and to the receipt of any literature which may be disseminated. They shall, however, have no vote."

There are at present approximately 150 associate members. While the nurse members are busy with their work of serving the sick poor in their homes and teaching them better laws of health and hygiene, the lay members are rendering an equally important service to the people of their status by setting forth their obligation to defend the highest standards of nursing for rich and poor alike, to care for the sick poor in their homes as well as in hospitals, and ultimately to provide adequate care for all sick dependents at public expense.

The organization has for its insignia a medal which is the gift of the Visiting Nurse Association of Cleveland, O. A great desre of our lamented Isabel Hampton Robb has been realized in that it has now become a national emblem of honorable standards for public health nursing. Its inscription reads:—"When the desire cometh it is a tree

of life." This seems to adequately express the ideal of a visiting nurse; for surely the end and aim of all her work is to plant in the hearts and the homes of her people the desire for better standards of living, knowing that out of that desire shall come the fruits of her labor.

Miss Crosby: After this masterly presentation of this subject I am sure a very great many will have thought of questions they would like to ask the speaker. An opportunity will be given to do so. The subject is too important to be passed over lightly. I will ask Miss Dyke to lead in the discussion.

Miss Dyke: Madame President, I think Miss Crandall has crystallized in words every vague thought and hope we ever had about Public Health Nursing and the training of Health Nurses. She answered the questions that I wanted to ask. All the questions that have been bothering me have been answered this afternoon. If we could only accomplish all that she demands of us, I think we would meet the need that is presenting itself.

In speaking of Health Nurses I thought of some of the demands that are made on them, many of which we are not ready for. There seems to be absolutely no opposition to Health Nurses here. They have never taken us on the basis of charity nurses; they have demanded us as their right. The School Nurses are accepted as friends and depended upon. In the Health Department we have some very strange requests. The police will come to inform us that they have found a sick man or woman and expect a nurse will be sent at once. The Children's Court come to us for some report which they think we should secure for them. The doctors come to us with a request that may seem strange. They will say to the mother with her first child that she is to ask the nurses to please instruct her. A doctor said a mother wanted to know how to wash her baby and he would like a nurse to see it was done properly. (Laughter.) The patients never for a moment think it is done for charity. They think it is their right to ask it. The sanitary inspectors come in and say, "There is an old lady who does not seem very well, living in a basement. Do you think that is right?" Of course, it is not right. Our Health Officer is demanding that trained nurses shall qualify as sanitary inspectors. We hear remarks about wanting factory inspectors amongst the nurses. Miss Rogers, representing the School Nurses, and myself, of the Health Department Nurses, have been asked to become members of the Executive of the Social Workers' Club. We are asked to do work we should do, but we are not trained to do it.

In speaking of the opportunity that the nurse has to take instruction into the homes in a definite intensive way, I thought Miss Crandall must have known something of the experiences of our Department. We

have come to depend so largely on the instruction of the nurse that the Health Officer seems to think we neglect his literature entirely. We feel we are more powerful than his literature.

The medical adviser of the Conservation Committee at Ottawa came to the Health Department and demanded data on immigration. We were able to grant his request. One of the professors came from the University and demanded that we give his students data on housing. We are getting ready for it as fast as we can.

While waiting for the time when a nurse can specialize in a training school, and for the still later date when a relief officer, a nurse and a social worker will be one, I would like Miss Crandall to say what would be the first step to take in making the nurses realize the demands that are being made on them, and how to meet that demand and that obligation.

Miss Crandall: It is hard to say what ought to be the first step, but I believe that we can persistently get this subject of public health nursing before the minds of our student nurses while they are students. Let each alumnae ask their superintendents to present a course of six, eight or ten lectures during the course of the senior year, or possibly earlier, in the probation period and the early senior days, dealing with these aspects. Let that student nurse, before she actually begins the work of the wards, go out with a visiting nurse. If you have your preliminary course, you can let her have a few days in the district. Not because she is going to do one stroke of work, but because she is going to get a vision of that patient as she meets him later in the ward in his relation to his home and family. It gives her a new idea as she enters the ward. It gives her concrete knowledge that there is public health nursing to be done. It helps to formulate her decision as to what she wants to be, and as she chooses to be a public health nurse she will herself select the courses of lectures that she may find in the city or elsewhere. She will select her reading, tending toward those subjects and it will make her an intelligent person in her selections when she is through.

Miss Butchart: In connection with the infant welfare work and the pre-natal work, is it one of the duties of the school nurse, or it is in a section by itself?

Miss Crandall: So far as I know it has not been done distinctly as a part of the school nursing.

The moment we are dealing strictly with the infant welfare problem we are dealing with the pre-natal work.

There is a decided tendency in the judgment of some of us to an over-specialization of our work.

I must admit that in our good City of Boston there was a time when they talked of "well" nurses and "sick" nurses. (Laughter.) It

seemed there was a great danger of our duplication, overlapping one another, and the time may come when the nurse, being adequately prepared for public health nursing, will be considered capable of looking after the work of tuberculosis, infant welfare, hospital social service, and so on. It is a different thing to specializing in medicine. Granted that a nurse has had a thoroughly good technical training in a general hospital, and eight months of solid study in these special subjects, she ought to be able to do equally good work in these different varieties. If that be done, it would be possible to place a single nurse in a very small district, instead of three, four or five nurses in a very large district, and the amount of time now spent on transportation would be eliminated and she could spend that time in solid nursing. She will also eliminate her car fare expense. More than that, she will not have her influence in the district damaged by the counter influence of three or four other nurses. Those women may know each other, be trained in the same school, and be working in very close co-operation, but their advice will differ a little bit here and there, and the poor, ignorant family will not know whom to believe, and the mother will go her own way and get her advice from her neighbor or grandmother. (Laughter.) Then, too, she gets into that small district every day, and she becomes acquainted with the well people in addition to the sick, and she becomes a social, economic, industrial, moral and spiritual force to the sick and well alike. I am quite frank in admitting that there are very few of my sister nurses in the States who agree with that.

But, after all, we have a great big economic responsibility, because it is going to be a long time before we can educate the public to take care of these needs by taxation, and until that be done we must look to our philanthropists for our help to do it.

I realize that I have not said a single word about record keeping. I don't know whether you groan over the thought as the nurses do in the States. The fact is, if there is any one great big public service that the nurses in the United States have to render to their country it is record gathering and reporting. Up to this time the nurses have groaned, and I don't blame them, we had such useless record forms. We have invariably reported the occupation, but we have not reported how many hours of the day the patient was occupied, whether by day or night, whether in a poisonous atmosphere, and so on. The nurse has a unique position in the home. She can get facts almost without the questions, and items that are given unconsciously on the part of the patient. Anybody else must get them with an apology or excuse. It means more in the United States than it does to you, because I must admit that the vital statistics of the United States rank only with those of China—they are so thoroughly bad. Only about fifty-four per cent.

of the area of our land has statistics that our Government could recognize. So every body of workers is crying from the housetops for vital statistics. We see our nurses have a realm indeed in the gathering of vital statistics, and one of the first undertakings of this National Organization has been to draft cards for every school, the Hospital Social Service, etc. That is one of the first things we have undertaken. We hope to have forms that the various organizations can use, so that the organizations a year hence may have something definite and uniform that will satisfy the statisticians.

Miss Eastwood: Is it your idea that all these different branches of nursing should be under the head of the Municipality of Public Health? For instance, you have mentioned child welfare, the milk stations, the pre-natal nursing, the school nursing and the tuberculosis work. Of course, there is an immense lot beside that. Is the plan you have that all these should be supported by the municipality?

Miss Crandall: The Municipality or the State. We feel that the function of the private charity is that of a demonstrator. They must first prove that a certain course is a public duty, and therefore must provide for its funds, and as soon as that has been proved let the Municipality, the State or the Federal Government take it over and do it at its own expense. That is what we believe all private charities or philanthropies have been tending towards. School nursing began as a private organization, and as soon as the city was convinced that it was a right thing to do, the city took it over.

Miss Eastwood: Then you couldn't have a national scheme of any kind?

Miss Crandall: There will always be a national scheme, passing on new experiments. I don't think the time will come, even in the Millenium, when there won't be occasion for the private philanthropist to lead the way. It will be the few, thinking, earnest people, looking out for the need of the brother and sister, that will be pointing the great soulless, we might say, Government Body to the need of the great masses.

May I say one word more of congratulation to the Ontario nurses in that Miss Dyke's report of the work would indicate you had already won your full recognition. I wish I could say as much for our nurses. I hope the day will come with us, too. (Applause.)

Miss Crosby: I don't know how to express our gratitude to Miss Crandall for her very masterly and illuminating address on this very important subject. I am sure I voice the feelings of everyone present when I say that we have been delighted with it and have had a new outlook on this great work presented to us, and we will not soon digest

all that she has said. We are exceedingly grateful to her for her address this afternoon. (Applause.)

Miss Crosby—We have another paper on "Co-operation," to be given by Miss Smith, the Chairman of the Hamilton Chapter. The subject has been engaging the attention of the Hamilton nurses for some time.

CO-OPERATION.

HELEN N. W. SMITH, HAMILTON.

Let us, first, look at the meaning of the word "co-operation," "co," meaning "together" or "with," and "opus," "work"—"to work with." The explanation given in the dictionary for this word is—"to act jointly with another or others to the same end." It is good team work that is needed. We all realize this in the world of sport. It is not the best pitcher, or the best catcher, or even the best runner, that wins the game, although each man's ability is a strong asset, but it is the whole team working together and the best man on the team is the one who not only does his own part well but who can best co-operate with the next man. Co-operation in business is seen on every side: the large mergers that are being formed, joining gigantic forces together; the labor unions of various kinds, giving the once down-trodden laboring man a voice in his own affairs; the numerous clubs and associations among bankers and financiers, manufacturers and agriculturists are the results. Denmark is a splendid example of a co-operative nation. Within the last half century it has raised itself from a poor country to the position it now occupies, that of the wealthiest country per capita in the world. By a system of co-operation among the cattle-farmers, agriculturists and fruit-growers, doing away with the middle-man, and dividing the profits fairly, they have raised the ratio of wealth per capita of the whole nation from one of poverty to one of plenty.

Business methods are the most practical possible, they pay in every sense of the term or they would not gain a foothold in the business man's mind. If co-operation is the watchword of the business world to-day, would it not be well to develop it more in other fields of activity? In the nursing world we are, I believe, just beginning to realize the benefits derived from co-operation among ourselves and with the medical profession with which we must always be so closely allied in our work.

Nurses may be divided, roughly, into three classes: Instructors, superintendents, assistant superintendents, head nurses, etc., of our hospitals, and we hope at a not too far distant date to include professors in our colleges in this class; secondly, those engaged in private duty; and thirdly, those engaged in public health nursing.

The first class, that of instructors, probably co-operate with one

another to a great extent and also with private duty nurses, for they of necessity must come in contact with one another, but how about co-operating with the third class, the public health nurses? If the hospital is fortunate enough to have a special social service worker to do follow-up work, close co-operation may be established, but if there is no such worker, does the superintendent see that a list of the patients dismissed from the wards of the hospital is sent regularly to the tuberculosis nurse, to the infant welfare nurse, and to the general district nurse, so that these nurses in their various fields can carry on the curative and preventive work that perhaps has only been begun in the hospital? Would it not be a saving of time, even, at times, a saving of life, if this rule were followed? Again, how many of our superintendents are making any attempt to give their pupil nurses training in social service work, in spite of the fact that the number of graduate nurses engaged in public health work is steadily increasing? In fact I have known superintendents of nurses, when approached on the subject, in cities where various branches of social service work were well established, to refuse to even countenance the thought of taking advantage of this additional training for their nurses, giving as an excuse lack of time and in other cases insinuating that there was no need for such a training, that the nursing course as it now stands was quite sufficient preparation for dealing with the problems of public health nursing. Cannot the superintendents do something to improve these conditions?

The second class of nurses, those doing private duty work, I think you will all acknowledge are poor co-operators, probably, simply because they can, in their work, get along without much assistance from outside sources. They are shut up with the family in which they are nursing, more or less, for long periods at a time, but does this excuse the absence of their names in the list of officers in our alumnae and other associations, their absence in the programmes of meetings? I heard the programme of this present convention criticized because there was so little of help to the private duty nurse and I wondered at the time if several of that class had not been asked and had absolutely refused to open their mouths. Private nurses will not tell of their interesting cases, of the idiosyncracies of various diseases, and of new methods of nursing employed that they have come in contact with, in public, at least that has been my experience, and yet are we not all working for the "same end" and why should we not act "jointly"?

The third class of nurses, those doing public health work, I believe as a whole do more co-operative work than the first two, for the simple reason that they have to. Necessity is the mother of more than invention sometimes. Almost at the beginning of one's social service career one feels the absurdity of working alone and the crying need of assist-

ance from other associations in the community that are doing welfare work of whatever kind. But there is still room for improvement and expansion along co-operative lines in this class of workers.

No matter what kind of work we are engaged in we should as nurses be protectors of the public health. In The Canadian Nurse of April there is an article by Miss Goodrich on "The Need of Orientation" in which she says, "I cannot see the nurse, wherever she is found, other than a public health servant, in the private house, a resident agent for the prevention as much as the remedying of disease, and one whose opportunities for social service are as unlimited as those of her sister the visiting nurse, and I contend that every nurse to be an efficient agent in the conservation of that great national resource, the public health, and to intelligently co-operate with the medical profession, should have a broad and general education."

This broad and liberal education is one of the first essentials necessary, then, for efficient co-operation; an education not only in the fundamentals of general knowledge, but in the details of our profession. We must know the most modern methods of nursing in the treatments of diseases. We must know of the existence of various hospitals, dispensaries and public health agencies, know also of their objects and plan of work and each class of nurses can learn from the other and from each other of the same class if we can only have what I would consider the second essential point, namely, publicity—publicity from institutional nurses, from private duty and public health nurses. Advertise your work, for how can we obtain this education if those having the knowledge do not spread it abroad. Let us hear of the new things in our classes, in our alumnae and association meetings. This brings to the third essential, we must "get together" for combining of forces, for mutual benefit and planning of future work, and these "getting together" meetings should include more than nurses; they should combine individuals, societies, churches and all other organizations, municipal and otherwise, interested in community work, for no one person or agency is adequate to deal with the whole problem that comes within the range of the social worker, and that worker who shuts herself up with her own specialty is losing hold of the situation as well as cutting others off from the most valuable source of information, for even more than the doctor, a nurse can open the way for assistance other than what she herself can bring and the case conferences that these "getting together" meetings are sure to bring are sometimes far-reaching and wonderful in their effects.

For the first two essentials, education and publicity, especially among the third class of workers—the public health nurses—we surely must have some system giving a bureau of information and confidential exchange available to all, for the conservation of the time, labor and

energy of the workers, with some central office where a complete record of all case work can be efficiently kept, if not in detail, at least as to assist the organizations interested. These records should be in charge of a competent staff working under a governing body, which should be formed by representatives from each society or organization in the community working for the common good.

Various schemes for closer co-operation are being worked out in several cities, each community knowing what best suits its particular needs. The city of Providence has a splendidly organized Nurses' Association, under which work all visiting nurses except school nurses and to which are sent pupil nurses from the hospitals for speciol training in social service work. The Association has divided the city into large districts and in each of these they have four services of nursing: children's, tuberculosis, general nursing and dietetics, thus saving a great deal of time in covering distances and avoiding overlapping of work. Each district is in charge of a head nurse and through these head nurses the whole association co-operates with the hospitals, dispensaries, fresh air and convalescent homes, licensed homes for babies, crêches, Settlement Houses and municipal Boards of Health and relief officers. Toronto, I believe, has apopinted a Social Service Commission to look into this matter of closer co-operation between various associations and decide upon some definite course. Toronto also has its Social Workers' Club with case conferences combining workers both medical and otherwise. Winnipeg has a Confidential Exchange, of the plan sent out by the Russell Sage Foundation of New York. We will hope in the near future to see many Canadian cities so organizing their social workers. But if these schemes of co-operation are to be thoroughly successful we must, as nurses, individually and collectively support and make use of them, for the branches of social work are merely in their infancy in our country. School inspection, tuberculosis, infant welfare and general district nursing are well established, but what about factory inspection, housing and food inspection, sanitary inspection and assisting in the control of communicable and industrial diseases, in the collecting of vital statistics, and in the establishing of sanitary legislation.

With such vast fields yet untouched does it not behoove us as members of the same profession to "act jointly with one another to the same end."

Miss Crosby—While there is no provision made on the programme for any discussion we can easily allow a few minutes, and will be glad of any remarks that may be made. I hope you will feel free to express your views, ask questions or make suggestions of any sort.

Miss Crandall—Will I be pardoned for taking another minute? I cannot resist when it comes to the question of co-operation. If I have one hobby bigger than another it is that. It is the thing we have got

to do, and we cannot co-operate with other agencies until we learn to co-operate with ourselves. In order to try this out, we have taken a little bit of a district, three blocks by twelve, in New York City, and we have found in that territory eleven different agencies at work and not a particle of co-operation among them until we got them together, and even now we cannot get them all together once a week. We are trying to find out where we are duplicating and overlapping, and whether patients are getting help from half a dozen sources, and when we have got our problem worked out we are going to ask the relief agencies, the churches and others to co-operate with us.

Miss Dyke—Miss Crandall says co-operation is her hobby. I think every public health nurse is compelled to take an interest in it. We are working out in Toronto a practical plan. I don't know what is going to be the outcome. There are three district conferences organized. The University Settlement holds the meeting for the west, the Fred Victor Mission for the centre, and in the east the Evangelia Settlement. At these conferences the Vice-Chairman and Secretary are the only officers and they are representative of the different interests in the neighborhood. The officers are never chosen from the organization that have given the room. I have seen at those conferences all denominations and all forms of social work, and all discussing one individual case. One case had been discussed in a district conference with a man who was not supporting his family, and his wife was getting help from all the neighborhood, the children not helping. Presently the family was reported on account of measles, so the contagious nurse visited them, and on the heels of that came a letter from the editor of one of the papers asking for our report on the case. We telephoned to the curate and asked him to give the District Conference Report. I telephoned to two agencies and got their report and sent them on to this editor. The history of this family demonstrated the need of charity organization in the city. After six weeks of very difficult work the case was closed as far as any such case could be by the man moving to an Ontario town where he was employed at the work for which he was best adapted and where two of the children could work. The mother had it very clearly pointed out that it was not to the interest of the children that they should be getting help from any source but a father or brothers. Our part was very small, but we were present at the discussions and helped the other social workers. We knew we could handle that case without them.

Miss Rogers—We have here in Toronto two large municipal bodies of social service nurses—the nurses in the Health Department and the nurses on the Board of Education. We have very hearty co-operation. I don't know of any city where there is more hearty co-operation than we have in Toronto, but there is another difficulty ahead of us. There

is the Department of Health and the Department of Education to be considered in the future. The Department of Health are altering their constitutions to some extent. Originally their charters claimed that they were to look after the contagious diseases. Now they are branching out and taking over the work that is not contagious. The Board of Education, on the other hand, is enlarging its scope, and it is not only teaching, but it is branching out and going to do social service work as well. I would like to ask Miss Crandall for an opinion. While we get along very well here, because Miss Dyke and I are very agreeable towards each other. If we were both of a more fighting nature I don't know what would happen. (Laughter.)

Miss Crandall—To be very candid, I don't think it is safe to venture an opinion. I know exactly where the contention stands. I have friends on my own side, and I cannot this minute say where it is coming out. I have one word to say. It is not worth anything in comparison with Miss Rogers, who has had a much larger and closer contact with the school nursing problem. It seems to me there is something to be said in favor of the Department of Health dealing with the sickness of a school child. While it means a division of authority, yet a child, if sick, needs care twenty-four hours of the day, and the Department of Education has the child really under its direction only about five hours in the day and five days in the week for about eight or nine months in the year. That is the only definite judgment I have come to, and as I say I do not consider it is worth anything in view of the fact that much more experienced people than myself are debating the question. I am watching it with the keenest interest and haven't the ghost of an idea where it is coming out.

Miss Rogers—Last year I outlined a plan, saying that I thought if a public health nurse were given a small district, and she had charge of the school in that district, and had charge of all the families there, she would know the families from beginning to end. Since then I was obliged to change my opinion, because one of the first questions Miss Dyke asked me threw me right out of line. She said: "What are you going to do with the contagious diseases?" I have come to the conclusion there is no way out of this question except by co-operation—not to have too many agencies.

Miss Crandall—What about the new theories that are coming from our Municipal Research Laboratories, that contagious diseases, after all, are not so contagious. (Laughter.) It is only a matter of public opinion. In other words, that the desquamation period in scarlet fever does not represent contagion, that it takes place before the desquamation begins. In Providence Dr. Chapman has so convinced his city that he is right about that that they have allowed him to build the Municipal Contagious Hospital and a Tuberculosis Hospital together, and diph-

theria, measles, chickenpox and scarlet fever are all on one floor, the doors are open and the patients talk to another across the hall. The nurse changes her clothes. Outside the door is a pail of bichloride solution. She puts on her cap and gown, washes her hands in the running water and rinces them in the antiseptic solution. Up to the present time the record of the hospital is much lower than any of the hospitals where special nurses are kept. In the European hospitals they have the various diseases cared for in the same ward, with only screens between, and scientists are telling us very positively that microbes would not fly higher than six feet. We really believe that we will finally convince the public that a nurse won't carry contagious diseases from one place to another any more than a doctor does, and all these years doctors have been visiting such patients without any question. (Applause.) I believe the school-house will be the health centre as well as the educational centre. The nurse will have a little bit of a district to take care of, a number of children she can follow to their homes. That is the thing for which we can and should work. (Applause.)

Miss Dyke—I have told Miss Rogers every little while that the loose things were pulling together for her to take over. Unless there is a big change in the attitude of the public, I think she will have to come under the Board of Health in order to do that.

Mrs. Paffard—Are there any public meetings where people could attend and hear the work that is being done on the social service and schools? Nurses get so little opportunity to hear what is being accomplished along these lines.

Miss Smith—Why doesn't Toronto have a Chapter and discuss all these matters at that Chapter? (Applause.)

Miss Dyke—Our nurses in the Health Department are not a very large body. We did meet the other day and decided to organize a Public Health Nurses' Association, and the Committee is to discuss the question as to whether the meetings are to be public.

Miss Crosby—In Toronto the nurses have at different times planned lectures, but the difficulty has been to get the nurses to come to them. We hope that after to-day we won't have any such difficulty in the future.

THE CANADIAN NURSE

Mr. J. A. Gibson, of the staff of The Canadian Nurse Publishing Company:—

President and members of the Graduate Nurses' Association of Ontario,—I am glad to be here this afternoon on behalf of The Canadian Nurse. My chief object is to put before you reasons why you should subscribe to and support The Canadian Nurse. This paper is the

only paper of its kind published in Canada. We want to make it an outstanding paper in this country within a few years. The only way we can do that is by having your support. We know the paper is probably not up to the mark, not perfect by any means, and are always willing to accept suggestions from anyone willing to send them. Miss Crosby, as Editor of the paper, has a free hand in the editorial department. That is something very rarely allowed in the publishing business in Canada or in the United States. It is the only paper of its kind where that is permissible.

We only have at the present time about 1,600 subscribers. We ought to have more. The advertising pays for the paper. The other day I lost an order on account of ours not having a larger circulation. It was one of the largest firms of its kind on the North American continent. They laughed when I told them what the circulation was.

You can help this paper by mentioning it when you answer an advertisement. When I was travelling through Western Canada I had several suggestions made as to how we could improve the paper. These suggestions were made by Superintendents of the various hospitals. One said, "You are representing ancient history." We had, previous to that, published an article that had been slow in getting to us; it was no fault of ours, Miss Crosby had written several times about it.

Everybody wants to know, "Why should I spend a dollar? It is only a small matter." But I can prove that a dollar is well spent in subscribing for this journal. It is the only paper of its kind in Canada, and it is the organ of all the graduate nurses' associations in the country. No matter how brilliant a person may be it is always possible to learn a little. I know this magazine will keep you in touch with one another. When the nurses are leaving the profession and going into some other business, amalgamating with doctors or something like that, a paper would be a great benefit. It costs you eight and a half cents a month. If we had 90 per cent. of the Canadian nurses on our list we could make it a much larger paper than it is to-day. That is the only way to improve it. It is not so much getting the dollar as having a large number of subscribers and being able to say we have so many on our list. I feel it is essential that all papers should have the support of the field which they are covering, and there is no reason why the paper should not be an outstanding paper in a few years.

We could afford more money for paid articles by having your subscriptions and getting increased advertising. I find it difficult to solicit for a paper that has not a large circulation. Two years ago I was in Montreal. I went to the Victoria Hospital one noon hour and got quite a large support there—twelve subscriptions in that hour—and I met with the same success that year all through Western Canada. Some of them complained about it being too much of a local paper, yet they sub-

scribed with the hope that it would become national. I noticed in the last issue of the paper that it is really a national paper, and if it lacks in that it is the fault of the subscribers and correspondents throughout the country.

I was talking to a graduate nurse not long ago. She said possibly the paper was no good. She could not see anything in it. She didn't say why it wasn't any good. If you were to go to Edison and tell him that some of his modern inventions were no good, he might say something. But if you were to tell him one little thing that was the matter and would improve his invention he would probably appreciate your criticism. (Applause.)

The meeting then adjourned. Members and visitors were invited to take the special cars and pay a visit to the Forest School in old Victoria Park. Here there are one hundred children in charge of three teachers and a nurse, all living and working in the open. The visitors expressed pleasure in seeing this very practical health work that had been inaugurated by the Board of Education of Toronto.

After tea, all wended their way to the car, which took them back to The Residence, Hospital for Sick Children, for the evening session.

The Residence, Hospital for Sick Children, May 23rd, 1913.

Eight o'clock p.m.

Reports of Delegates to the Canadian National Association of Trained Nurses.

Miss McNeill gave a short account of the morning session, and Miss Dyke a short account of the afternoon session.

(A report of the sessions of the Canadian National Association of Trained Nurses will appear in August.)

Miss Crosby—This gives you some idea of the work done and the two splendid papers given, but a full report of the meetings will be printed, so you will be able to read the full account for yourselves.

We have the honour of having with us this evening the Chief Medical Officer for Ontario, Dr. J. W. S. McCullough, who is to speak on "What the Nurse Can Do for Public Health," and will present this subject from his point of view. We had it this afternoon from a nurse's point of view. I have much pleasure in introducing Dr. McCullough. (Applause.)

Dr. McCullough—Madame President, ladies and gentlemen:—

It is a very great pleasure indeed to meet with you all here this evening, though I must confess I am rather overwhelmed by the make-up of the gathering, and the fact that there is only one lone man to support me. However, I have to look on the other side for the good support of Miss Crosby, and I am sure she will not fail me.

I am sorry I did not have the pleasure of hearing the address de-

(*Continued on page* 475.)

THE AUGUST NUMBER.

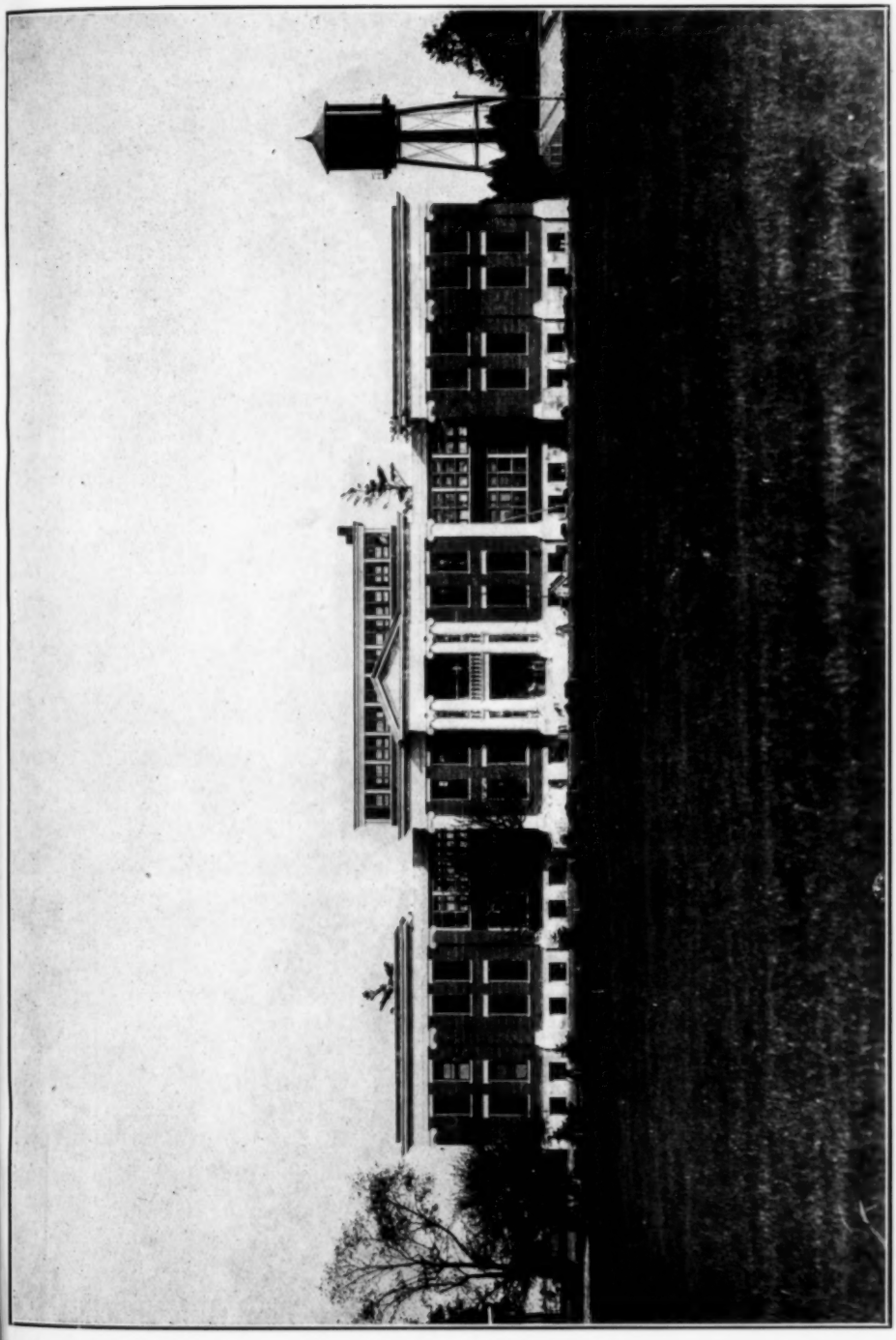
We are glad to announce to our readers that by the gracious permission of the president of the Canadian National Association of Trained Nurses our August number will contain some of the papers given at the convention in Berlin, Ont., May 21, 1913.

As this number is devoted to the report of the Tenth Annual Meeting of the Graduate Nurses' Association of Ontario, some of our usual departments have been omitted. These will appear as usual in August. Will each correspondent kindly remember to send her contributions promptly. It is always disappointing to have material arrive a day or two late, thus necessitating a month's delay.

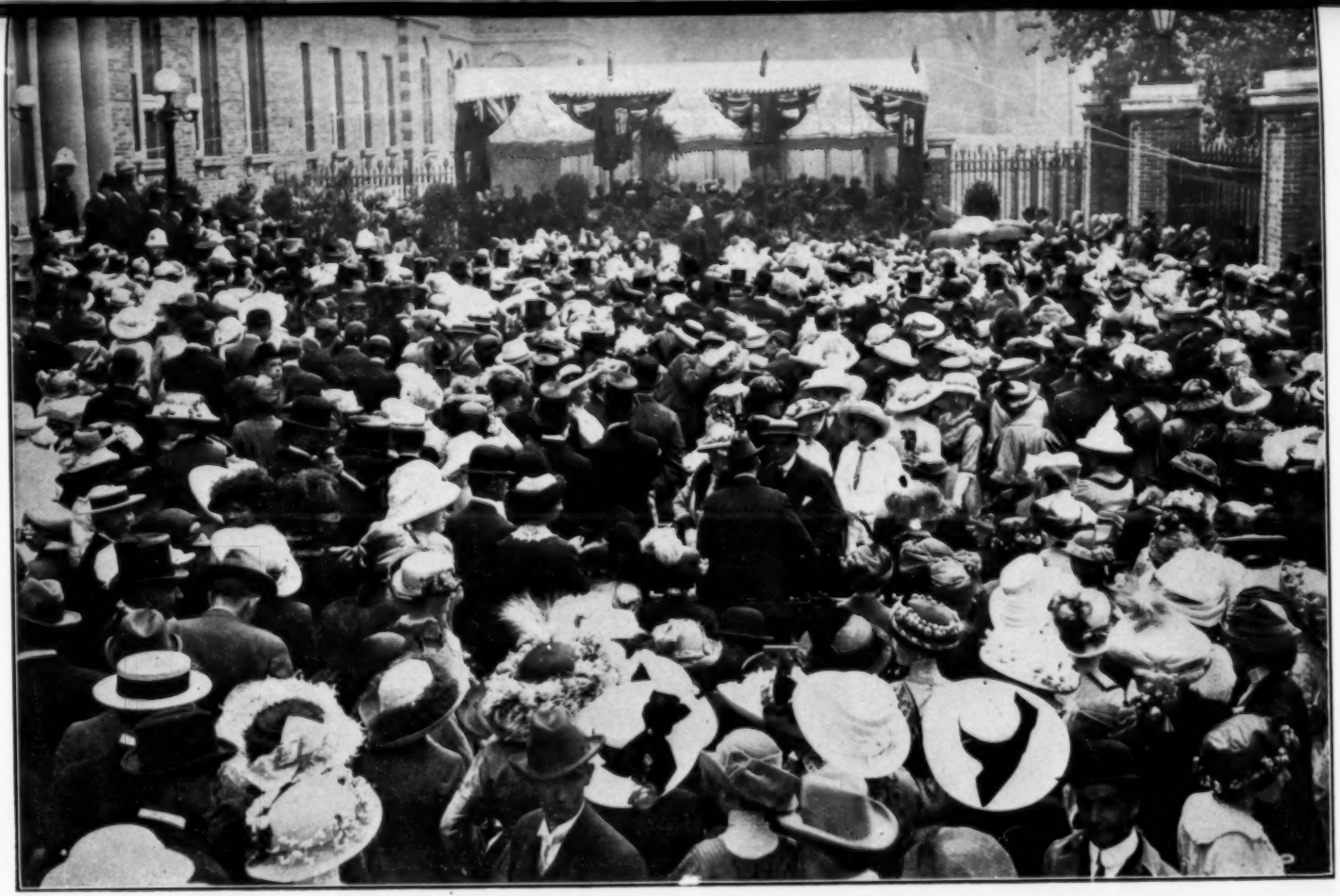
The Queen Mary Hospital for Consumptive Children, Weston, the first of its kind in the British Empire, if not in the world, was opened by Her Majesty, Queen Mary, at Buckingham Palace, on June 3, 1913. A large and representative gathering of citizens was present to witness the miracle—the opening of the doors of this institution by Queen Mary pressing a button in Buckingham Palace.

Sir John Gibson, Lieutenant-Governor of Ontario, presided at Weston, and gave a brief address. Other speakers were: Mr. W. J. Gage, founder of the National Sanitarium Association; Hon. W. J. Hanna, Provincial Secretary; Mayor Hocken, Controller McCarthy, Dr. Hastings, M.O.H., Rev. Chancellor Burwash, Rev. Dr. Gilray, Dr. James L. Hughes.

Following this ceremony, the Katherine Honorah Prittie Building, erected by Mr. and Mrs. R. W. Prittie in memory of their daughter, was officially opened. The speakers were Hon. W. J. Hanna, Hon. W. A. Charlton and Rev. Mr. Graeb.



Queen Mary Hospital for Tuberculous Children, Weston, Ont.



Scene in Front at Opening of Toronto's New $3,150,000 General Hospital, June 19

Editorial

THE ANNUAL MEETINGS.

The annual meetings of the Canadian Society of the Superintendents of Training Schools for Nurses and the Canadian National Association of Trained Nurses were held in Berlin, Ont., May 19-22, 1913.

At the meetings of both associations there were representatives from only three provinces—Nova Scotia, Quebec and Ontario.

This is not as it should be. Why is there not a greater interest in these annual deliberations? Questions of vital interest to the profession come up for discussion. Decisions must be reached, but can the broadest, the best, the wisest decisions for this great and growing profession be arrived at when all the points of view of all the nurses in all parts of Canada have not been presented and considered?

It takes time, and thought, yes and money too, but is it not worth while?

Must it be said that nurses are not interested in all that concerns the profession, that each is only concerned about the successful working out of the work immediately under her own hand and forgets entirely that she is part of a great whole and must properly and fully correlate herself to that whole if she would do even her own part in the best, the noblest, the most broadly successful way?

Greater interest will lead to better, more efficient work, foster a broad outlook and develop the strength and stability of the profession. Let us have this greater interest!

SHORT COURSE SCHOOLS.

That nurses are waking up to the necessity of educating the public as to what the best nursing service means, and the education and training necessary to enable the nurse to render the best service is evidenced by the number of articles dealing with the training of nurses that have appeared in the press of late.

The Evening Telegram, Toronto, is carrying on a vigorous campaign of enlightenment. Several articles have appeared. These give first-hand information about some so-called schools of nursing which advocate a short cut to knowledge.

The Hamilton Spectator, we are glad to note, has also taken up this question. One of these so-called schools is seeking to establish a branch in Hamilton.

Let us hear of still more active work in this helpful, educative, publicity campaign.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Miss F. M. Shaw, 21 Sherbrooke Street.

The Anniversary Festival of the Guild, Montreal, was kept on St. Barnabas' Day, June 11th, several of the members attending the celebration of the Holy Communion at St. John the Evangelist Church at 7 a.m.

The Superior was at home in the afternoon, and those who were able to avail themselves of her invitation spent a pleasant time under the trees in her garden, the weather being delightfully warm and bright.

The regular Anniversary Service was held in the Church at 8.15 p.m., when those present included the Rev. L. W. Smith, the Rev. T. B. Winter, the Superior, 4 Honorary Members, 11 Members and several visitors. The special office was said, and Mr. Smith gave a helpful address on Acts 14: 21, 22. Miss Belknap was then admitted into the Guild as an Associate. At the close of the service the party adjourned to become the guests of the Misses Young and Hibbard, by whom they were most hospitably entertained. Great regret was expressed at the absence of the Chaplain, now on his way to England, where he expects to spend a few months. News of the passing away of Mrs. Messervy, who was admitted into the Guild as Associate on St. Barnabas' Day, 1903, was District Treasurer for some time, and has always taken an interest in the Branch, came as a shock to some of those present, who only heard of it while at the meeting.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES.

President—Miss Coleman, 171 James St. South.

Vice-President—Miss Dressel, 58 Charlton Ave. East.

Recording Secretary—Miss M. E. Dunlop, 175 Charlton Ave. East.

Corresponding Secretary—Miss E. F. Bell, 274 Charlton Ave. West.

Treasurer—Mrs. Reynolds, 143 James St. South.

"The Canadian Nurse" Representative—Miss Bessie Sadler, 100 Grant Avenue.

Executive Committee—Miss Ainslee, 57 Bay St. South; Miss Laidlaw, 143 James St. South; Miss L. Overholt, 15 Tisdale St. South; Miss A. Carscallen, 143 James St. South; Miss B. M. Simpson, City Hospital.

Regular meeting, first Tuesday, 8 p.m., at the Nurses' Residence, City Hospital.

A special meeting was held on May 12th in the Nurses' Residence to appoint delegates to the Canadian National Association of Trained Nurses to meet in Berlin. Misses Simpson and Carscallen were appointed. As they were unable to attend, Misses M. Ross and B. Sadler substituted.

The many friends of Mrs. Burnett (née Ella Robertson) will be pleased to hear she is gradually improving after her serious illness.

Miss M. L. Hannah, graduate of H. C. H., has accepted a position as nurse in charge of the Emergency Department of the new Toronto General Hospital.

Miss Edgar, graduate H. C. H., has resigned her position as Night Superintendent in the Hospital for Sick Children, Toronto, to accept the position of "House Mother" in the Residence in connection with the same hospital.

Miss Kate Madden, Superintendent of Nurses, H. C. H., attended the seventh annual meeting of the Canadian Society of Superintendents of Training Schools for Nurses, held in Berlin, Ont.

Miss Mina Rodgers, graduate of H. C. H., Superintendent of Niagara Falls Hospital, was also present at the Superintendents' annual meeting in Berlin.

The following members of the Hamilton Chapter of the G. N. A. O. (all of whom are graduates of H. C. H.) attended the meeting in Toronto, Misses Elliott, Deyman, Street, Sadler, Kerr, Hanna and Edgar.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.
Vice-Presidents—Mrs. Petrie and Miss Dunlop.
Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.
Registrar—Mrs. Burch, 175 Mansfield St.
Reading room—The Lindsay Bldg., Room 319, 517 St. Catherine St. West.

Miss Phillips and Miss H. A. DesBrisay attended the National Council of Nurses in Berlin, Ont., and were afterwards guests at the annual meeting of the Graduate Nurses' Association of Ontario.

IMPRESSIONS.

The different sessions of the National Council were very enjoyable, and the papers read most interesting. That on Registration called forth a very animated discussion. Full reports of them all will be published later, but I should like to say how much we appreciated all that was done for us by Mrs. Bowman, Lady Superintendent of the Berlin Hospital, and other citizens of Berlin, which added greatly to the pleasure of our visit—also to the friends at the MacDonald Institute, who so graciously entertained us at luncheon.

There seemed to be but one regret and that was that more nurses could not be present. Some, of course, were unavoidably absent, but others there were who might have been present and were not, owing to indifference or lack of enthusiasm. I would say to those, go once, and you will always make every effort to go again—one is invariably the richer, both in knowledge and in friends.

H. A. DesBrisay.

SOCIAL SERVICE AND HOSPITAL EFFICIENCY

By Helen R. G. Reid, B.A.

Director Social Service Department of the Victorian Order of Nurses, Montreal.

Continued from June Issue.

With the fine record of good works and benevolence to our credit, no one can say that Montreal's institutions have not made good use of the material which they have had at hand in the way of workers, paid and voluntary. But we cannot stand still, we must either improve our methods or lose ground. It costs money both ways, but the money that is spent for efficient service is a legitimate expense, while there is little or no justification for the ignorance which results in waste and loss of time and money. It is a matter, therefore, of the greatest satisfaction to learn that a step in a direction which will make this possible is already being contemplated by one of our best known educational institutions. It is probable in the near future that a University Extension Course in Practical Hygiene and one in Social Economics will be opened to women desirous of fitting themselves for positions of Health Inspectors and visitors in the city's service, or of improving themselves as volunteers in any Social Work. Practical field work in the study of local institutions, lectures, district visiting and case conferences may possibly be offered by the Charity Organization, and would serve as an additional attraction to the opening up of this new field for women workers. In close connection with this we contemplate with gladness the prospective organization on a more intelligent and comprehensive basis of the Board of Health of our city. The active influence towards this end of such bodies as the City Housing and Planning Association, the City Improvement League, the Local Council of Women—to mention but a few—insures for us in the not distant future an up-to-date Board of Health with a staff of trained Inspectors and visitors working with augmented interest and intelligence for the public good.

The medical-social work that has been done in Montreal is easily resumed. Apart from the individual efforts, the first organized medico-social service we find in connection with the Victorian Order of Nurses. During the typhoid epidemic of 1910, this Order established a social service department of from 60 to 70 volunteer workers, who, during that serious time, worked toward the relief and rehabilitation of 160 families, and faced the general problems of poverty and sickness with amazing results, considering the emergent and volunteer nature of the organization. Besides serving all the needy cases in the district, this Committee covered every case in the Emergency Hospital, and worked in the homes which had often been left desolate by the removal to the hospital of one, two, or three of the members of the household. On the district, even more intimately than in the hospital, we see how sickness brings poverty, and poverty is, perhaps, the chief cause of sickness; how civic neglect tolerates bad housing, and bad housing carries with it vice and tuberculosis; how contagion spreads through crowded tenements; how lack of knowledge kills babies more than lack of care; and how great is the need of combating that gravest if diseases, ignorance, by the power of education carried into the home and made vital by the inspiring influence of a friendly hand. Be it remembered, too, that no report will ever show the extent or benefit

of this most important part of Social Service Work—the work of education and instruction. During the epidemic, the services of the Victorian Order Committee were placed at the disposal of the Royal Victoria and General Hospitals for their typhoids needing after-care, and five cases were handled from these sources. Had there been trained workers in the wards who had the time and experience to find the needy ones, and thus relieve the Nurses and Superintendents, doubtless many more cases would have been handed on and helped.

Out of this, however, came great good; for among the volunteers working for the Victorian Order was an earnest band of workers from Melville Presbyterian Church, and they became definitely interested in Hospital Social Service. Permission was obtained to place a partially trained worker in the General Hospital wards to follow up Protestant cases needing care after dismissal. After one year's work, the hospital became sufficiently alive to the good accomplished—the saving to the institution and the help to the patients, to undertake the payment of the Worker's salary, the Church still providing the funds necessary for relief emergencies.

A further experiment is now being made in both the Montreal General and Royal Victoria Hospitals. Through the initiative of the Charity Organization Society and the co-operation of the Victorian Order of Nurses, a district nurse has been placed at the disposal of the general out-patient department of each hospital, and a college graduate with special training in Domestic Science and City Health Visiting has entered one clinic, the last-mentioned giving practically all her time for a nominal fee. Unfortunately, all these workers are not under any supervision or direction, and they are using experimental methods. It remains to be seen whether their work proves sufficiently, not only the benefit of Social Service—this can hardly be a matter for question in the mind of any up-to-date doctor—but also that the time is now ripe to establish Social Service Departments as integral parts of their institutions. If our Hospitals and Nursing Associations would take advantage of such post-graduate courses of lectures and practical field work as may be offered by University, Charity Organization Society and District Nursing Association, it would afford those of their nurses who have the spirit for Social Service an opportunity for fitting themselves for any public or institutional work they care to follow. It would soon provide the Hospitals with a Staff of Social Workers already acquainted with the routine and administration of the hospital. The advantage to the nurses in thus opening up to them new lines of work is evident.

With a 1912 record of 72,000 out-patient admissions, and 4,582 in the wards, the Montreal General Hospital offers a special opportunity for follow-up care. Situated as it is in the working heart of the city, its clientele includes hundreds of people who are affected with the awful diseases of ignorance and poverty which the trained Social Worker is better fitted to cope with than the busy doctor. Can we not lend a hand to this most worthy cause of Social Service in the Hospital and by supplying volunteer Committees and funds under hospital direction help on the great work of cure and prevention which this institution has pledged itself to pursue?

Continued from page 465.

livered by Miss Crandall on this subject from the nurse's point of view. I feel if I had had an opportunity of hearing that paper I would have learned a good deal, and if I had heard it earlier I would have gained some ideas which would have helped to mould those I give you to-night. (Applause.)

WHAT THE NURSE CAN DO FOR PUBLIC HEALTH.

By Dr. J. W. S. McCullough, Chief Health Officer for Ontario.

By Public Health or Hygiene is meant the art and science that considers the preservation, promotion and improvement of health and the prevention of disease. The laws, the health, the education, the food, the water supplies, the disposal of sewage and garbage, the housing, birth, marriage and finally the disposal of our bodies after death all come within its purview.

Teachers, social reformers, scientists, law-givers, engineers, nurses and physicians contribute more or less to the advancement of Hygiene, but after all, the general well-being of a people most largely depends upon their own properly applied intelligence, knowledge and self-restraint. Sanitary improvements in our surroundings will fail to compensate for social transgressions against the laws of morality, for public virtue is essential to public health, as both combined are to national prosperity.

Disease has always marched hand in hand with ignorance. The increase of knowledge by spreading its beneficient rays into the dark corners of the earth has, like the sun in the heavens, been destructive of the causes of disease. So the greatest factor of all in disease whereby knowledge of the causes and prevention of disease can be disseminated will be a factor in the cause of public health.

Everyone nowadays recognizes the value of the nurse's service in actual illness, her devotion to duty and self-sacrifice in the interest of physician and patient. While these services are definitely in the line of public health, there are many other situations in which the nurse may be of the greatest value. To briefly outline some of these is the object of these remarks.

The trained nurse as we know her is a product of the last half century. The practice of nursing is as old as the universe. The care of animals for their young, the marvellous instinct of all nature's living creatures, the solicitude of the mother for her offspring and for all those dear to her, are included in the practice of nursing. The nurse in practice has ever had her place with the priest and physician in the

trinity of those who labour in the interest of humanity. Wherever there has been pain or suffering gentle hands have been ready to cool the fevered brow, to alleviate the thirst and satiate the hunger of the afflicted.

The profession of nursing, the most peaceful of all professions, is a child of war. Previous to the war of the Crimea in 1854, the sanitary needs of the soldier were utterly neglected. In war time he was a constant victim of preventable disease, due to unhealthy camps and ill-managed hospitals. Fever and dysentery decimated the soldiers' ranks by tens of thousands. The death rate from disease amongst soldiers was 17 per 1,000 annually, as compared with 8 per 1,000 civilians. Indeed it was at this time considered that one out of every two soldiers who died lost his life from preventable disease.

Amongst the masses of the people the sanitary conditions were equally unsatisfactory. The nursing in the homes of the poor was of the most doubtful character. The type of family nurse is well described by Charles Dickens in the character of the dram-drinking slatternly Sarah Gamp, and the hospital nurse of that period corresponded well with the description of Betsy Prig.

In 1854, when a knowledge of the shocking condition of our soldiers at Scutari came to the ears of the British people, Sidney Herbert was fortunate to secure the services of her whose name has become a household word and who was in her day the idol of soldier and civilian, the angel woman of the Crimea, Florence Nightingale.

The marvellous work accomplished by this great woman in the organization of the hospital service at Scutari, her exertions on behalf of the half-starved, vermin-covered, ill-clad and dying soldiers, her writings and finally the establishment by her of the first training school for nurses are matters of history, and the beginning of a new phase in public health work.

The first training school for nurses was organized in 1860 in connection with St. Thomas' Hospital in London. There were fifteen probationers in the initial class. There was no "mad rush" to enter the professions. It had not as yet become fashionable. Society shook its head at the idea of young females nursing in hospitals. It was freely predicted that there would be wholesale elopements with the medical students, and while this prediction has not been fulfilled, it must be conceded that nurses have made large inroads into the affections of the medical profession.

Some thought that attendance on the poor was incompatible with the feelings of a lady, others that it was improper for a gentlewoman to enter a wage-earning profession. None of these doleful prophecies, however, have interfered with the success of the training of nurses, and

they are to-day a firmly established institution all over the civilized world.

In addition to the advice the nurse may give in the families where her duty calls her respecting general sanitary measures, disinfection, cleanliness, the use of proper food, clothing, and in a hundred other ways, she has become of special value in relation to the work of medical inspection in schools, in locating and visiting tuberculosis cases, in birth registration and the lessening of infant mortality.

I have in mind a case in one of the smaller cities of Ontario where there were in the year 1910 sixty-two deaths of babies from summer complaint. The families affected were poor, most of them foreigners, and it was obvious to the Medical Officer of Health that bad milk was the chief factor in this large death-rate. The services of a nurse were secured. The milk supplies were supervised and the children were provided under the control of the nurse with good milk. In 1911, as the direct result of this undertaking, the number of deaths from this cause was reduced to twenty-two, and in 1912 to six. This, it seems to me, is practical public health work. The same kind of work is being duplicated in a number of cities in the Province with, I have no doubt, equally good results.

In the health department of this city the nurse plays a prominent part in relation to preventive work in tuberculosis. She visits the houses of the patients after these cases are notified and often succeeds in having sources of infection removed or the children sent to a preventorium or to some place where the danger from infection is avoided.

There is a large group of school diseases in addition to tuberculosis, such as diphtheria, scarlet fever, whooping cough, measles, German measles, chickenpox, mumps, scabies, vermin, ringworm and minor ailments such as sore throat, colds, enlarged tonsils, adenoids, etc., which are being discovered in the early stages by medical inspection of schools.

In this work the nurse plays an important part. In the absence of school inspection mild cases of the diseases mentioned remain undiscovered and we soon have an epidemic. In the minor ailments early attention generally prevents a great deal of injury to the future growth and health of the child. This work cannot be successfully accomplished without the assistance of the nurse.

Vaccination is a sure preventive of smallpox. The trouble with this, as well as with most of the communicable diseases, is that the mild cases are overlooked, and the disease under the guise of chickenpox has become widespread before it is recognized in its true character. This is especially true of communities which are unvaccinated.

In February, 1885, the city of Montreal where, as in the case in the Province of Quebec generally, vaccination is neglected, there was not a single case of smallpox until there arrived a Pullman car conduc-

tor from Chicago, who went into the hospital sick. He was found to be suffering from smallpox. A domestic in the hospital contracted the disease and died of it. In a panic the hospital authorities allowed the patients to go to their homes. The disease assumed wide proportions all over the city, and 3,164 persons died during the following season from smallpox.

In addition to this shocking loss of life from a preventable disease hundreds of thousands of dollars were lost in business and the whole city was disorganized for several months. Smallpox is not a filth disease. Sanitation has no material effect in its control. The one and only preventive is vaccination. The nurse may be of good service in proclaiming its virtues amongst those with whom she comes in contact.

The infant mortality of Ontario is 112 per 1,000 births. That of New Zealand and South Australia is 71. Many elements enter into the question of the death of babies. Poverty, poor lodgings, improper food and ignorance all have their influence. If a mother is forced to work in a factory or go out washing, the children will suffer. If the father drinks, his earnings are wasted and the family is forced into ill-lighted, over-crowded and unventilated quarters. Poverty brings a train of evils.

Birth registration exerts an influence on the mortality of babies. The earliest birth records in England date back to 1836, in Ontario to 1869. Apart altogether from the importance of this question from the matter of keeping track of population and from its legal significance, birth registration is one of the prime necessities in the question of infant mortality. The birth should be recorded immediately, and often the nurse will be able to have this matter, generally the subject of neglect, attended to.

It is time that the prevention of slums in our cities was given attention. All over this city huge apartment houses are being erected. They are built four, five and six stories in height and in most cases occupy the whole lot. Light, except in the rooms facing the street or in the rear is very imperfect. Many of the rooms never see sunlight. Indeed, I know of apartment houses with rooms that have no outside window whatever. There are suites with a central living room and on either side a bathroom and a kitchen. The living room gets no light except that transmitted through the kitchen and bathroom. What chance has the child in such a place? It is not putting it too strongly to say that the apartment house is one of the great evils of city life. The Citizens' Council of Hygiene, comprising sixteen of New York's best physicians, says of them:

"They are productive of filth, over-crowding, lack of privacy, lack of domesticity, lack of ventilation and lighting, they cause an increase of immorality, crime and disease."

It is no excuse to say that people will herd together in the centre of a city. They must do so if no other place is provided for them.

Despite the historic lament of Edmund Burke that the age of chivalry is dead, there are overwhelming facts in the present day which go to prove that that great orator was mistaken. In former days the word "chivalry" meant the degrees of military service rendered on horseback by knights of gentle blood in the Middle Ages. The spirit of chivalry was restricted in early times to those who did great deeds in war.

Its scope has widened materially in modern times, and now embraces noted deeds of both men and women. We know it as the spirit which inspires us to think noble thoughts and to do brave and self-sacrificing deeds in a magnanimous and modest way. So it includes acts like those of Queen Philippa who sucked the poison from her husband's wound; of the maid of honor who thrust her arm into the staple of the door which had no other bolt—to stay the rush of soldiers bent on murdering their king; of Grace Darling who saved the crew of the "Forfarshire"; of the wife of Isidor Straus, who, refusing to leave her husband, stepped back from the lifeboat and stood by his side as the "Titanic" went down; of Florence Nightingale in the fever-stricken wards of the hospital at Scutari, and no less of the present-day nurse who, at the risk of her own life, bravely, quietly and modestly spends her days in nursing those ill of smallpox, tuberculosis, typhoid and diphtheria, or in the many other phases of public health work.

Miss Crosby—I am sure we are exceedingly grateful to Dr. McCullough for putting this matter before us from his point of view. Would anyone like to ask Dr. McCullough any questions about this work. Unfortunately he has to leave the meeting very soon.

Miss Rogers—I would like to ask Dr. McCullough what is being done with regard to the tenement law here, or if anything is being done?

Dr. McCullough—Nothing at all.

Miss Rogers—Why isn't there, may I ask?

Dr. McCullough—In reply to that I would say that my remarks were simply to arouse public opinion. I have been doing that as much as I can during the past winter, every place I had an opportunity to speak about this question. I think this is the way nurses can help, by denouncing this class of building. There are tenement houses in Toronto containing very small flats, and it is said that they are mostly suitable for school teachers. A school teacher will have a sleeping room, where she will fold her bed up and make a lounge out of it; a kitchen opens off this room on one side and a bathroom on the other. The only law we have is the one established last year where the Medical

Officer can placard places that are unfit for human habitation and close them.

Miss Crosby—A request came from many of the nurses to have the subject of "Oral Sepsis" discussed, and we are very fortunate in having Dr. Doherty, who has charge of the dental part of the Medical Inspection in Toronto, to give us a paper on this subject. I have great pleasure, indeed, in introducing Dr. Doherty, the Chief Dental Inspector, to you.

ORAL SEPSIS.

W. H. Doherty, L.D.S., D.D.S.

I look upon it as a distinct honor to appear before this body with an address this evening. In addition it is a privilege that, as a member of the dental profession, I value highly, to have the opportunity of bringing to your attention some important facts in connection with Oral Sepsis and its relation to the general health.

The importance to the individual and to the community of mouth diseases has never received the attention it demands. The physician, in the past, largely overlooked the mouth as the seat of any serious dental disease, and it was only when the severity of toothache demanded some relief that any serious attempt at treatment was made. Then the tooth was usually removed in whole or part by some individual skilled in the then crude method of extraction.

Gradually there grew up a body of men who made a livelihood by the extraction of diseased teeth and by their replacement by some artificial substitute. Crude attempts were also made at filling cavities in the teeth and from these lowly beginnings the present profession of dentistry has evolved, outside the pale of the practice of general medicine and surgery.

The purely mechanical side of dental surgery is such a fine art that it has taken years to place this aspect of the work upon a scientific basis. The close application of the leaders of the profession to perfecting methods of saving diseased teeth by filling and of replacing all or part of the masticatory apparatus when lost, perhaps only naturally led to the belief on the part of the public, the medical profession and indeed of the dental profession itself, that dentistry was largely a fine art and outside the realm of medicine.

Gradually, however, it was noted that a diseased mouth was very frequently accompanied by digestive disturbances and general ill health. It was also noted that when the mouth was made healthy the general symptoms passed away. No member of the profession has been in practice for any length of time without having had conclusive evidence of

the ill effects of an unclean and diseased mouth and also of the rapid restoration to health in many cases when these conditions are removed.

Recognition of this fact has led to a closer study of the relation of mouth conditions to the general health with the result that we have to-day the great Oral Hygiene movement, which is receiving recognition from the medical profession, educational, municipal and state authorities the world over and has for its object the bringing about of a general recognition of the seriousness of dental disease and of the means for its prevention.

I wish this evening to call your attention briefly to the prevailing mouth conditions of the bulk of the community and to discuss with you the effect of these conditions upon the general health and upon the spread of some of the diseases with which you are called upon to cope.

The two chief diseases prevalent in the mouth are caries (or decay of the teeth) and pyorrhoea. Decay is more especially a disease of childhood and is present in the mouths of about ninety-five per cent. of children attending our public schools. There is a deep-rooted idea outside of the dental profession that the teeth of the first or so-called "temporary" set are of little or no importance and that as they are replaced by others, their care is unnecessary. No greater mistake could be made by a parent and the result of this deliberate neglect is that we find the mouth of the average school child in such an appalling condition that it is impossible for me to give you any adequate idea of the disease and filth in many cases found therein. These conditions have to be seen to be appreciated; mouths repulsive with decay and fermenting refuse; jagged and suppurating roots containing the dead and putrefying remains of the pulp of the tooth, often four or five abscesses discharging continuous streams of pus into the mouth and stomach of the child, rendering the mouth a mass of infection, filth and disease, that is not only a distinct menace to the child itself but also to its companions.

An examination of 516 kindergarten pupils in a dozen schools of Toronto revealed the following serious and lamentable conditions:—

516 pupils, ages five to seven.
3,037 temporary teeth decayed or lost.
256 discharging abscesses, one for every other child.
53 entirely without masticating surface.
82 mouths only comparatively clean.
222 mouths foul.
42 with irregular permanent teeth.
128 "six-year molars" decayed and six lost.
59 free from decay or 11.4 per cent.

Pyorrhoea is a disease of adult life. It begins with an irritation

of the free gum tissue about the neck of the tooth. This tissue becomes loose and falls away, permitting infection of the deeper tissues. Then follows a destruction of the membrane that holds the tooth in its socket, together with the gradual destruction of the bone of the wall of the socket itself. This process is accompanied by a flow of pus from the parts affected and a gradual loosening of the tooth as its attachment and surrounding bone are lost. The disease is exceedingly common among adults. As it is not painful it passes in many cases unnoticed by the patient until the teeth become markedly loose. The destruction of the gum tissue about the necks of the teeth leaves open spaces between the teeth which become clogged with fermenting refuse while pus flows from the pockets along the roots of the teeth where the disease is active, producing altogether one of the most filthy conditions possible to find in the mouth.

With this brief review of the two chief mouth diseases let us consider the condition of the mouth that has been referred to as Oral Sepsis. This is a septic condition of the mouth due primarily to uncleanliness. A sound set of teeth used in the masticating of proper foods is kept naturally clean. When teeth are decayed, lost or loosened by pyorrhoea, the natural cleansing effect of thorough mastication is lost and the teeth and mouth become unclean. The cavities hold fermenting refuse from previous meals. If the pulp or "nerve" dies, there is the additional complication of dead and putrescent animal matter. Abscesses and pyorrhoea produce pus. The mouth is a natural incubator of the micro-organisms of disease. Over twenty disease-producing bacteria are regular inhabitants of septic mouths. Among the most frequent are the following: the tubercle bacillus, the bacillus of influenza, the bacterium coli communi, the streptococcus pneumoniae, the diphtheria bacillus, the various streptococci, staphylococcus, aureus and albus and many others. These germs are found in the following sheltered places where they propagate, having all the necessary elements of their growth, food, moisture and warmth; between the teeth, under the gingval fold of gum surrounding the neck of each tooth, in cavities in the teeth, in necrotic roots, in infected pulps, abscessed teeth, under ill-fittings crowns, bridges and plates, around defective and poorly inserted fillings, in pyorrhoea pockets and in abraded or pathogenic mucous membrane.

Such conditions as we have mentioned as contributing to Oral Sepsis produce a depot for the distribution and dissemination of the pathological factors named to the rest of the body, by continuity of surface, by absorption through tonsils, abraded mucous membrane or concealed pus pockets, by blood and lymph streams, inhalation into the bronchi and lungs and ingestion into the stomach.

These conditions associated with a septic oral cavity are sufficient

to supply the infection for almost all the fevers and other diseases and pathological conditions and on account of the extreme toxicity of many of the micro-organisms a mouth of this character is not only a source of grave danger to its possessor but also to those with whom its possessor comes in contact.

In discussing with you the effects of Oral Sepsis upon the spread of disease, it is not my wish to overlook the other contributing factors, or to compare and decide their relative importance, but I do hope to convince you that the septic condition of the mouth and teeth can and does exert a positive, distinct and most important influence in undermining and breaking down the bodily resistance, and in harboring, propagating and disseminating micro-organisms, toxines, ptomains and other poisons.

It is generally known that tuberculosis attacks almost exclusively weak organisms. It is also generally known that the chief treatment in tuberculosis is to improve general nutrition or in other words to strengthen the organism. Tuberculosis is, in general, only dangerous to weak and debilitated individuals. One of the most frequent sources of weakness is unhealthy or unhygienic conditions of the mouth. An individual whose dental equipment is in a diseased conditions masticates food poorly, it is not properly salivated and in consequence is poorly or incompletely digested. If in addition the food is mixed with pus, fermenting debris and the micro-organisms which thrive in an unclean mouth (one of them the tubercle bacillus itself), indigestion, malnutrition and debilitation of the individual inevitably follow.

Among school children it has been my experience that the pale, sickly, anaemic child is the child with the unclean, diseased mouth or throat. The diseased tonsils themselves are frequently caused by the septic condition of the mouth. One of the medical inspectors in the schools of the city reports the frequent reduction of enlarged tonsils after the mouth has been made healthy.

The enormous frequency of septic mouths particularly among children is one of the most important predisposing causes of tuberculosis infection. Both as a preventive measure and as a curative factor of the highest order a clean, healthy, efficient masticatory apparatus should receive the most careful consideration from those who are combating tuberculosis. I am confident the time will come when this will be universally recognized and when every preventorium and every sanatorium will have means for dental service provided so that Oral Sepsis may be promptly attended to, that oral hygiene may be vigorously practiced and that patients without proper means of mastication may be, where necessary, supplied with artificial substitutes.

Pneumonia causes more deaths than tuberculosis. This is easily accounted for by the fact that so many varieties of micro-organisms

are capable of causing inflammation of the lungs. The pneumococcus is the most constant of these germs and is an almost constant inhabitant of septic mouths, carious teeth, infected pulps, pyorrhoea pockets and about ill-fitting fillings, crowns, bridges and other appliances. If any of them are dislodged and drawn into the lungs, pneumonia has a splendid chance to develop. The great mortality of pneumonia is probably due to the fact that an individual suffering from other conditions may be so easily infected from the contents of his own mouth. Pneumonia is the most frequent complication and sequel to measles, scarlet fever, smallpox, typhoid and erysipelas. Septic pneumonia frequently follows extraction of teeth, operations on the mouth, jaws, throat and tonsils. A broken jaw is frequently followed by pneumonia. There is great danger of pneumonia when a broken jaw is splinted and bandaged up so the mouth cannot be cleansed. Pneumonia sometimes follows the administration of an anaesthetic due to inhalation of septic material from mouth to lungs. Dr. Osler says that pneumonia is most frequently due to auto-infection from the victim's own mouth. These facts lead us to the conclusion that Oral Sepsis is the most frequent cause of pneumonia; that during illness from other causes a vigorous toilet of the mouth is a necessary precaution against the complication of pneumonia, and that a careful cleansing of the oral cavity is a most necessary precaution previous to operations therein and to administration of anaesthetics, and also a most important general preventive measure in healthy individuals.

The writer has been particularly interested in the effects of mouth conditions upon the contraction and spread of the so-called "children's diseases." There are some general considerations which may be mentioned at this point. These diseases occur as a rule during the period between the appearance of the first teeth and the completion of their replacement by the permanent teeth. The region where the micro-organisms are propagated, harbored, absorbed and disseminated is in or closely associated with the mouth. The mouth at this period, owing to the universal neglect and also to certain anatomical or physiological conditions, is in a more septic condition than is the rule at any other period. While the healthy mucous membrane has wonderful powers of resistance to disease organisms, there exist in the mouth of the child at this period conditions which do not obtain at any other period of life, conditions which make possible the easy entrance of micro-organisms from the mouth to the underlying tissues of the jaws, the glands and the blood stream.

During this period in question the twenty teeth of the first or temporary set make their way into their positions in the jaws, during which process the membrane is broken about each newly cut tooth. These teeth are in place only a short time when the process of shedding

begins. A temporary tooth is shed by the natural destruction of its roots ahead of the oncoming new tooth. A cavity in a temporary tooth deep enough to reach the pulp chamber produces death of the pulp and the immediate stoppage of the normal process of destruction of its roots. We now have two very serious conditions. We have a direct opening through the cavity, pulp chamber and partially destroyed roots into the tissues at the base of the tooth and in addition the new tooth has now to force its way into place by pushing the remnants of the temporary tooth out of the way. These dead, putrescent, abscessed and too long retained teeth of the first set are the cause of the most septic and dangerous conditions found in the mouth of the child. I am personally convinced that the condition of children's mouths is responsible for the great prevalence of the children's diseases. A brief survey of some facts in connection with one or two of them will show the reasonableness of this statement.

In measles, for instance, the infection is introduced into the system by way of the mouth, or nose, or both. One of the first diagnostic signs is Koplik's sign, a bluish white speck surrounded by a bright red areola. These spots appear on the mucous membrane of the cheek at about the level of the first molar tooth and on the inner side of the lip. It may be a mere coincidence that these spots appear on the part of the membrane in contact with the teeth and never on the palate. Recent investigations show that the mouth is the last place from which infection may be distributed. Larkins in the *British Journal of Children's Diseases* reports that in an examination of children four years old it was found that of those who had measles only 20.9 per cent. had sound teeth while of those who had not had measles 43.9 per cent. had sound teeth. The interval between the attack of measles and the examination of the teeth was so short that the only conclusion he could reasonably reach was that the decayed teeth and condition of the mouth in some way contributed to the infective process.

Many individuals in perfect health harbor the bacilli of diphtheria in their mouths. The bacillus is capable of infecting mucous membrane wherever it may find a microscopic break in such membrane. It is only reasonable to suppose that a child with a septic mouth containing the diphtheria bacillus may become a ready victim of the disease and is a walking source of infection to others.

Dr. Frederick A. Keys in the *Boston Medical Journal* reports the results of oral hygiene in relation to the infectious diseases, in the Orphan Asylum, Boston. In November, 1910, a dental clinic was established in this institution and the mouths of the children were placed in healthy condition. The following record of infectious diseases will be of interest:—

	1907 1908	1908 1909	1909 Nov. '10	Nov. '12 Apr. '11	Apr. '11 May '12
Diphtheria	6	2	1	0	0
Mumps	8	3	10	4	0
Scarlet fever	17	8	12	8	0
Pneumonia	3	5	4	6	0
Measles	24	50	40	25	0
Tonsilitis	10	16	18	3	0
Whooping cough	7	2	2	0	0
Chickenpox	15	17	10	6	0
Typhoid	0	0	0	0	0
Croup	4	0	0	0	0
Tuberculosis of eye	0	0	0	0	1
Tuberculosis of lungs	0	0	0	0	1
Total	103	103	87	52	2

Dr. Keys asks if this elimination of disease for a period of eleven months is a mere coincidence. He says two years more will give more conclusive evidence but that he is convinced that the benefit of dental treatment is not overestimated as far as the elimination of infectious diseases is concerned. The possibility of a child recovering from an infectious disease, carrying the infection in a septic mouth, would seem to make it desirable that before discharge from a hospital for contagious disease, the mouth be put in healthy condition and that children be not permitted to return to school till this is done. A dental equipment will, I believe, ultimately become a part of every isolation hospital.

Oral Sepsis is held to be one of the most constant factors causing anemia. A septic oral cavity affords a continuous supply of septic material for the rest of the alimentary canal and the constant absorption of these toxic products of oral fermentation and putrefaction contributes to the causes producing anemia of all types. Sir William Hunter particularly has drawn attention to this fact in his booklet on Oral Sepsis. A prominent consulting physician in the city some time ago told me he could trace sixty per cent. of his cases of anemia directly to a septic mouth.

Dr. Stewart Wright, of the Orthopedic Hospital, Toronto, cites some remarkable cases, showing the influence of infection from the mouth in arthritis. One of many cases recently reported is as follows: Patient called in July. Had suffered from arthritis since previous Christmas. Spine and feet were affected. Pains in back, hip and one knee. He looked upon all of these conditions as the result of some infection. The spurs upon the feet were removed and the case kept under observation. Saw nothing suspicious but a gold crown about which the gum was considerably inflamed. Its removal was ordered. Patient objected as

it had, he said, given him no trouble. The dentist was dubious at first but removed it and later telephoned to say it was the filthiest tooth he had ever opened. The tooth itself was finally removed. Seven weeks later the pains were all gone and the patient was at work and entirely better. Dr. Wright goes on record with the statement that in many cases treated the cause of the systemic condition was in the mouth.

What I have said to you regarding the general effects of Oral Sepsis has been said in no dogmatic spirit. My object has simply been to focus your attention upon a phase of preventive work that seeming, as it has, to be somewhat apart from regular sanitary and health measures has not received in many cases the recognition it deserves.

I am highly appreciative of the honor of addressing you. I sincerely hope that I may have interested you and that you may have found in the paper something that will assist you in your daily conflict with disease.

Miss Crosby—This subject is of very great interest, especially to the school nurses, but also to every nurse. This shows us another line of work in which we can always be ready to give assistance. I am sure that those who were anxious to have this subject discussed will feel, when they get the printed report of this meeting, that they have something to help them in establishing dental inspection in the different schools with which they are connected, and we sincerely trust that will be one of the results of the discussions.

Miss McKenzie—What effect has pyrrhoea on rheumatism, or what connection?

Dr. Doherty—I am not an authority on rheumatism. I believe Dr. Stewart Wright is, and Dr. Wright takes the attitude that arthritis is due to an infection of some kind, and claims that in a great many cases this infection is in the mouth. In the past we have looked upon pyorrhoea as being the result of rheumatism, but we are finding that the conditions are reversed—rheumatism is the result of the pyorrhoea and is simply due to infection from the swallowing of that pus. If you have a chance to read any of the papers written by Dr. Wright on that subject you will find a more full explanation than I can give you.

Miss Smith—Could you give some idea of the influence that was brought to bear in order to establish the free dental clinics in Toronto?

Dr. Doherty—We have in connection with the Ontario Dental Society what we call an Educational Committee. This committee was appointed to urge the free dental clinics upon the Government, and then we had the Oral Hygiene Committee of the Toronto Dental Society. A couple of years ago, or more, the Board of Education was approached regarding dental inspection. That was the first work done by that committee, and as a result of the work in that particular the present

incumbent was appointed to the Medical Inspection Staff of Toronto Public Schools. It was not long until I found it was almost a farce for me to go about the city urging parents to have their children's mouths taken care of, and yet not having any place to send those poor children. The Educational Committee of the Toronto Dental Society took that up, and there was a citizens' Committee formed in Toronto which approached the Board of Control. The Board of Education was not approached, because it was felt that the Roman Catholic children as well as the Protestant, required attention. The Board of Control listened with a sympathetic ear, and a year or more ago they made a grant of $8,000 toward the establishment of a free dental clinic in Toronto. Now we have a clinic of three dental chairs, manned by six operators, running continuously. That is the history of the establishment of the municipal dental clinic.

The Canadian School Nurses deserve a great deal of credit in this matter also. In fact, I believe they have the priority. They donated a chair and equipment to one of the schools in Toronto. That was the first move made in the city. Now we have four in the centre of the city, under the Board of Education.

Mrs. Pafford—If a child in the school is found to have trouble with its teeth, how does it approach the clinic, or if a mother of a child is affected in the same way what have they to do to have their teeth taken care of, if they are not able to pay?

Dr. Doherty—In connection with the regular routine of medical inspection, parents are informed when the teeth require attention. If a parent has not been informed—

Mrs. Pafford—She had been informed.

Dr. Doherty—In that case the nurse investigates the home conditions to find out if the case is a worthy one. If the nurse reports in the affirmative, then the clinic can take the child. At the present time they inform me every week how many children they can take the next week. Miss Rogers gets that report. Up to the present time we are only able to touch the fringe of the work.

Mrs. Pafford—What about the mothers?

Dr. Doherty—Unfortunately there is no place where that can be done. The work is confined to children absolutely, although I would not be surprised if the work would branch out and something be done for the mother.

Miss Stewart—There has been a clinic at the General Hospital all winter, and a good many of the parents have had treatment, and in the cases of several who were not able to afford a set of teeth these have been provided by the Social Service Committee.

Dr. Struthers—Before this body disperses I would like to say a few words. You are a body of ladies, I take it, that are engaged in

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educational work among parents as well as among children. I would like to put before you a very important part of the dental clinic, and that is the part of the dental clinic in public health. I do not need to dwell upon the idea, but what I would like to bring to your attention is the part of the dental clinic in the school. Two years ago when the agitation was on, when I very strongly advocated the establishment of dental clinics in the school, I could not get the dentists to see eye to eye with me at that time. I am pleased to see they are coming to my view and we have made a start.

In connection with these dental clinics I would further like to say that they should not be restricted to poor children. I believe that we ought to put the possibility of dental treatment before every child in the school, whether they are able to pay or not, just as we give them an education. That is the point I particularly want to bring before you. It is, in fact, a very important part of the education of a child, because it is so important to its health, and for years we have been striving to give children an education when they were not fit to receive it. We have spent the money which has been collected by municipalities and governments to no purpose. Why not give them that which they so much need. We see this that even well-to-do parents, fairly well-educated parents who ought to know better, will talk to their children about the torture of the dental chair. To-day one of the school nurses told me about a father who replied to her argument about having his child's teeth cared for, to the effect that he wasn't going to have his child tortured; it could get false teeth when the others decayed. I was speaking to-day to the President of the Board of one of the Homes for Children in this city, and she finally acknowledged to me that we would have a great deal of difficulty in getting any progress in this matter as far as that Home was concerned. I mean attention to the children's teeth. They think they are doing well when they keep body and soul together, by giving them enough to eat and drink. The President actually boasted to me that this Home was the second cheapest in the country. I felt very much inclined to tell the lady that it wasn't much to boast about. What can you expect of these children in the future if those ladies act like that? I told her that the matron was very antagonistic towards getting anything done in that home, and she very frankly agreed, and added she didn't have very much sympathy herself. That from a well-educated lady, President of the Board of that Home! What can I expect to do with the ladies of that Board? I hope I will make them uncomfortable enough to do something.

But I want to bring to your mind that this matter of dental treatment ought to be given to every child that goes to school, and then in the future we won't need to worry about the parents if we give that to the children. They become familiar with the doctor. It is a part of

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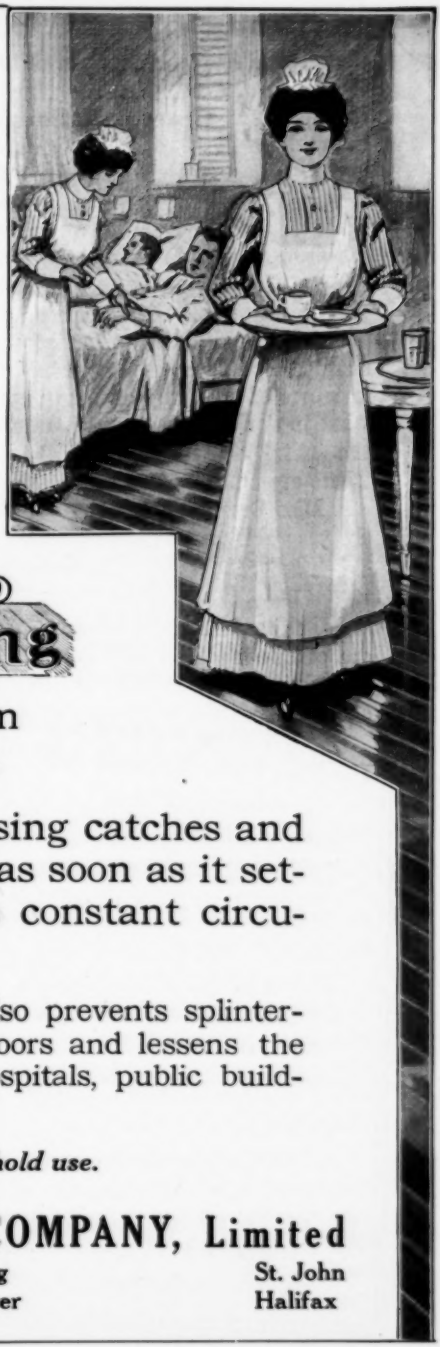

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the medical inspection system. They go to the chair as they go to their class room and they are not afraid. We heard a great deal at first to the effect that they would be crying and everybody in the school would be scared to death. I haven't heard of any complaint of that nature, and Dr. Doherty has not reported that such has occurred. I believe everybody here can be an agent in bringing that state of affairs about, by advocating free dental treatment for every child who joins the public school or every other school for that matter. (Applause.)

Dr. Doherty—I know Dr. Struthers' opinion well enough to know that he advocates the treatment of all children in the public schools. There is one difficulty about accomplishing such a result as that, it is simply this: There are not enough dentists to do that work, and if the members of this body have any young gentlemen friends who are somewhat in doubt as to their life-work, and they can induce them to enter the dental profession, they will be doing as great a work as they can. There are not enough men entering the profession to do the work.

Miss Crosby—I am sure we are very grateful to Dr. Doherty for the very able way he has presented this subject.

"School Nursing" (Illustrated), Miss L. L. Rogers, R.N., Superintendent of School Nurses, Toronto.

The lantern slides shown and explained by Miss Rogers presented school nursing in a way so forceful that none could doubt its value, indeed, its necessity. Dr. Doherty assisted by explaining the slides that showed so vividly what may be accomplished by proper dental care.

Discussion by School Nurses of Ontario, led by Miss Merriman Hamilton.

Miss Merriman—There is very little I have to say, as I have only been at the work a year and a half. I would like to tell two little incidents, one to show the appreciation of the parents with regard to the work, and the other to show the work that can be done through the children of foreign parents who don't understand Canadian conditions. The children seem to be so open to teaching along these lines.

I was going along a street in the slum district of Hamilton and a woman came across to speak to me. I asked her where she was going, and she said for a little chicken broth, and then added, "You know I'm going to move on the Mountain. I 'opes you will come to see me at my new 'ome. I 'ates awfully to say good-bye to my old friends." (Laughter.)

A little Italian girl came to tell me that her father had been to the dentist to have his two front teeth pulled. She said, "I explained to him that the sick nurse said you could have them fixed without pulling, and he did, and it only cost him fifty cents."

I would like to ask Miss Rogers what was done to show the need of

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the Forest School. We feel in Hamilton that we need something of that kind very much.

Miss Rogers—I had very little to do with that. Dr. Struthers is the one who could answer that question better.

Dr. Struthers—Madame President,—It might take me all night to tell you of that. You have just got to get after people with a big club. I don't know that I can describe it in any other way. I went to some Board members and told them that I wanted a thousand or twelve hundred dollars to start with and I had to have it. I got it.

Miss Crosby—We have come to the end of our programme. Just before we close our meeting I would like to mention this: Those members who were present at Niagara Falls two years ago will remember the very great interest that Mr. Munro Grier took in our meetings, and his help in some of our discussions. It came to my knowledge that Mr. Grier is passing through very sore trouble at this time, his wife having passed away, and I felt it would be fitting that a resolution of sympathy should go from this Association to him.

Mrs. Paffard moved this resolution:—

Resolved, that this Association learns with very deep regret of the sore bereavement of Mr. A. Munro Grier in the death of his wife.

We all remember with much appreciation Mr. Grier's keen interest and hearty support at our Annual Meeting two years ago at Niagara Falls, and we desire at this time of overwhelming sorrow to convey to Mr. Grier our most sincere and heartfelt sympathy. Our prayer is that He who permits the sorrow will supply the "grace sufficient"; and that a copy of this resolution be sent to Mr. Grier.

This was seconded by Miss Thompson and unanimously carried.

Miss Stewart—I have been asked to make an announcement which gives me a great deal of pleasure. The members of the Executive of the Graduate Nurses' Association of Ontario appreciate very much the work that Miss Crosby is doing as President of this Association, as well as her work as Editor of The Canadian Nurse, and they would like very much to have Miss Crosby go as their representative to the Convention of the American Nurses' Association and the American League of Nursing Education, which meets in Atlantic City, June 23rd to 27th, and the Executive has decided unanimously to send Miss Crosby as our representative to that meeting. (Applause.)

Miss Crosby—I hadn't any idea what Miss Stewart had in mind when she said, "I want a minute before you close the meeting." It is a very great surprise to me that this decision has been made, but I certainly appreciate it. That was one thing I was wanting to do. I think it is an education to go to these meetings that you cannot get in any other way, and I certainly appreciate the privilege of going as the rep-

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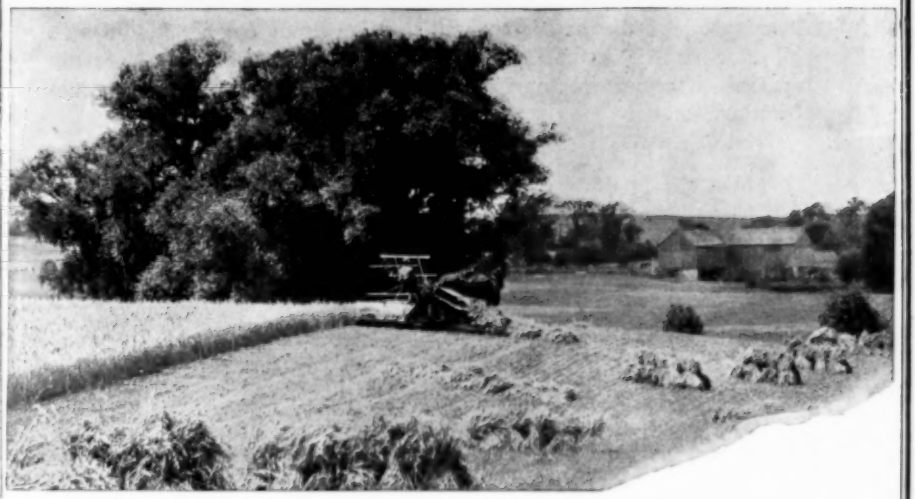

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resentative of this Association and shall do my best to bring back a good report.

Mrs. Paffard—Madame President, I would like to move that a very hearty vote of thanks be tendered to Miss Brent for her kindness in allowing us the use of this beautiful Residence, and to the many speakers who have so kindly and so ably assisted us in this Annual Meeting.

Seconded by Miss Roges. Carried unanimously.

Miss Crosby—We are very appreciative, I am sure. We feel honoured in having had these different speakers who have given us so generously of their time and best thought and have helped us in our work by giving us the inspiration of their advice and experience. We look forward to the work of the year that is before us with greater zeal and enthusiasm.

The Tenth Annual Meeting was closed by the singing of the National Anthem.

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